



Jason A. Straw, D.D.S.

Patient Name: _____ Phone#: _____

Referring Doctor: _____

Appointment Date: ____ / ____ / ____ Time: _____ Today's Date: ____ / ____ / ____

Consultation requested / Oral surgery procedures to be performed:

- | | |
|--|---|
| <input type="checkbox"/> Extraction, teeth # _____
<input type="checkbox"/> Dental implants: _____ | <input type="checkbox"/> Incision/drainage <input type="checkbox"/> Expose & bond
<input type="checkbox"/> Facial trauma / reconstructive facial surgery
<input type="checkbox"/> Bone grafting
<input type="checkbox"/> Reconstruction Jaw Surgery
<input type="checkbox"/> Alveoloplasty <input type="checkbox"/> Pathology oral / facial
<input type="checkbox"/> TMJ evaluation & Facial Pain Management
<input type="checkbox"/> Sleep Apnea Treatment |
|--|---|



Other: _____

- Radiographs:** Emailed / Mailed Enclosed
 Given to patient Please take new ones CBCT/3D Scan (iCAT)

Please circle teeth to be treated:

		A	B	C	D	E		F	G	H	I	J					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

Management, medical or treatment concerns: _____

Referring Doctor Signature: _____

- Patient will contact you You will contact
 Appointment made (by our office calling you already)

Note: Registration forms are available on our website: OCOralSurgeons.com or at our office at the time of your first visit.

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 Ph: 949-727-7000 | Fax 949-727-3924
www.OCOralSurgeons.com | email: info@OCOralSurgeons.com

About Your Consultation

In most cases, it is necessary to see Dr. Straw for a consultation appointment prior to the day of the surgery. This appointment is reserved for you to discuss your health, the indicated surgery, anesthesia, and to make arrangements for the surgery. Unmarried patients under 18 years of age must be accompanied by a natural parent or legal guardian.

About Your Appointment

Plan to be in the office for 45 – 60 minutes. If, for any reason, the consultation or surgical appointment cannot be kept, kindly notify us 24 hours in advance so that others may use the time.

Please Bring:

1. This referral slip and current x-rays
2. A list of your current medications
3. If insured, a copy of your dental ID card

Pre-operative Procedures:

On the day of surgery, or if surgery is done at the time of consultation, please follow these instructions:

1. Take your regular medications with a tablespoon of water. (Diabetics need special instructions)
2. Minors **MUST** be accompanied by a parent or guardian
3. Please notify this office of any changes in your health history

If General Anesthesia is Anticipated:

1. Do not **EAT** or **DRINK** anything for at least 8 hours before your surgery appointment
2. A relative or adult friend **MUST** accompany you home. Do **NOT** plan to drive a car or return to work until the day after general anesthesia
3. Wear comfortable and loose-fitting clothing, short sleeves are preferred

How to Find Us

We are located in Irvine in the Hoag Irvine Physicians' Office Building across from Kaiser Permanente. We are at 16300 Sand Canyon, Suite 711.

