



NORTH TUSTIN DENTAL SPECIALTY CENTER
Oral & Maxillofacial Surgery

18102 Irvine Blvd.
 Suite 211
 Tustin, CA 92780
 Tel: 714.733.7068
 Fax: 714.733.5405
 Frontoffice@northtustindsc.com

Date _____

PLEASE BRING THIS CARD TO YOUR APPOINTMENT

Patient Name _____

Appointment Date _____ AM
 PM
 Month Day Time

Referring Dentist: _____ Tel: _____

Consultation Only

Consultation & Treatment

Service Requested:

Extraction

Lesion Evaluation

Bone Graft

Biopsy

Frenectomy

CBCT Scan

Expose & Bond

Implant

Alveoplasty

Call Prior to Consult/ Tx

IV Sedation

Other: _____

PLEASE CIRCLE AREA TO BE TREATED:

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	
	A	B	C	D	E	F	G	H	I	J							
	T	S	R	Q	P	O	N	M	L	K							

COMMENTS:

Special instructions for patients receiving
 IV Sedation/ General Anesthesia will be given to patient upon treatment
 approval.