

# *Ocean Oral & Maxillofacial Surgery*

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www.oralandmaximplants.com

Introducing: \_\_\_\_\_

Appointment: \_\_\_\_\_

|                | DAY |    |    |    |    |    |    |    | DATE |    |    |    |    |    | TIME |    |             |
|----------------|-----|----|----|----|----|----|----|----|------|----|----|----|----|----|------|----|-------------|
|                | 1   | 2  | 3  | A  | B  | C  | D  | E  | F    | G  | H  | I  | J  |    |      |    |             |
| <b>REMOVE:</b> |     |    |    |    |    |    |    |    |      |    |    |    |    |    |      |    |             |
| <b>Right</b>   | 32  | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24   | 23 | 22 | 21 | 20 | 19 | 18   | 17 | <b>Left</b> |
|                |     |    |    | T  | S  | R  | Q  | P  | O    | N  | M  | L  | K  |    |      |    |             |

INSTRUCTIONS/REMARKS: \_\_\_\_\_

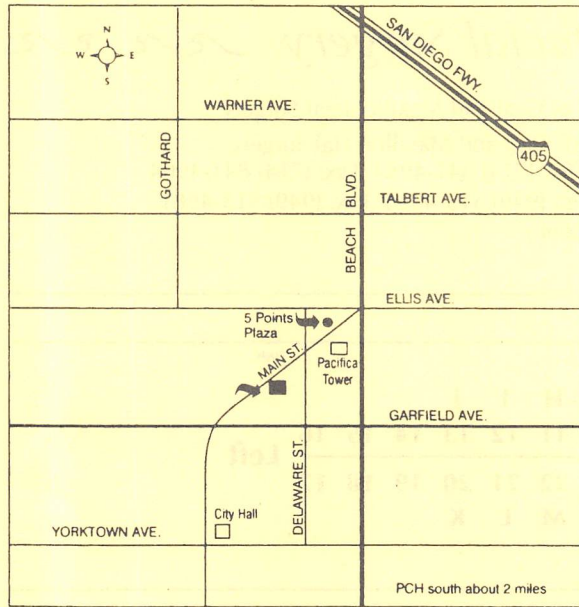
CONSULTATION:  Orthognathic Surgery  Pathology  TMJ  Wisdom Teeth  
 Implants  Apicoectomies  Trauma  Cosmetic Maxillofacial Surgery

X-RAYS:  Patient Will Bring  Take New  Mailed On: \_\_\_\_\_

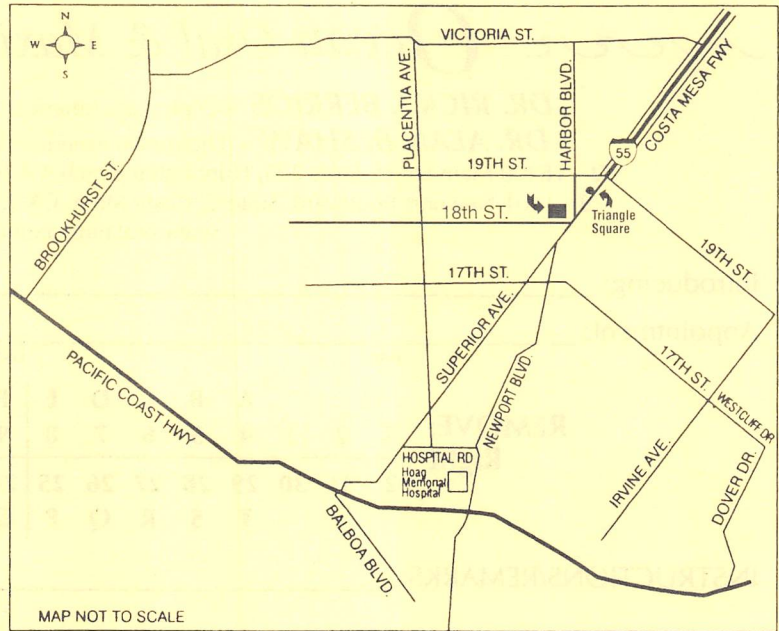
**PLEASE BRING THIS REFERRAL SLIP AND FOLLOW INSTRUCTIONS ON BACK**

DATE

\_\_\_\_\_, D.D.S. DATE \_\_\_\_\_



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 714-841-4954



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 949-515-4935

### FOR THOSE PLANNING SEDATION OR GENERAL ANESTHESIA:

1. Minors must be accompanied by parent or have written consent.
  2. Please do not eat or drink anything including water, for at least (6) six hours before surgery.
  3. Please wear short sleeve blouse or shirt.
  4. Bring the name of any medicine you take with you.
  5. No surgery will be performed unless driver is present.
- A responsible adult must accompany and stay with you to take you home after surgery.