

SAM F. KHOURY, D.M.D., Inc.

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ORAL AND MAXILLOFACIAL SURGERY

Diplomate, American Board of Oral and Maxillofacial Surgery

3000 Alamo Dr. #206, Vacaville, CA 95687

Telephone (707) 451-1311/ FAX (707) 451-1325

Date _____ Appointment Date/Time _____

Patient _____ Age/DOB _____

Daytime _____

Phone _____ Insurance _____

Email _____

Current	<input type="checkbox"/> Sent with Patient	<input type="checkbox"/> Sent by Mail	<input type="checkbox"/> NA
Radiographs:	<input type="checkbox"/> Please call referring office to request x-rays	<input type="checkbox"/> Please Take	

Please indicate by a circle or "x" the teeth to be extracted:

Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Consultation/Evaluation Biopsy Pre-Prosthetic/Implant

Extractions Take X-Ray Other _____

Medical problems/precautions _____

Remarks _____

Referred by: (Please Print) _____

Referring Dr. Signature _____

Phone _____ Send Referral Slips

Ins Max: _____ Ins Used to Date: _____ Oral Surg Coverage: _____