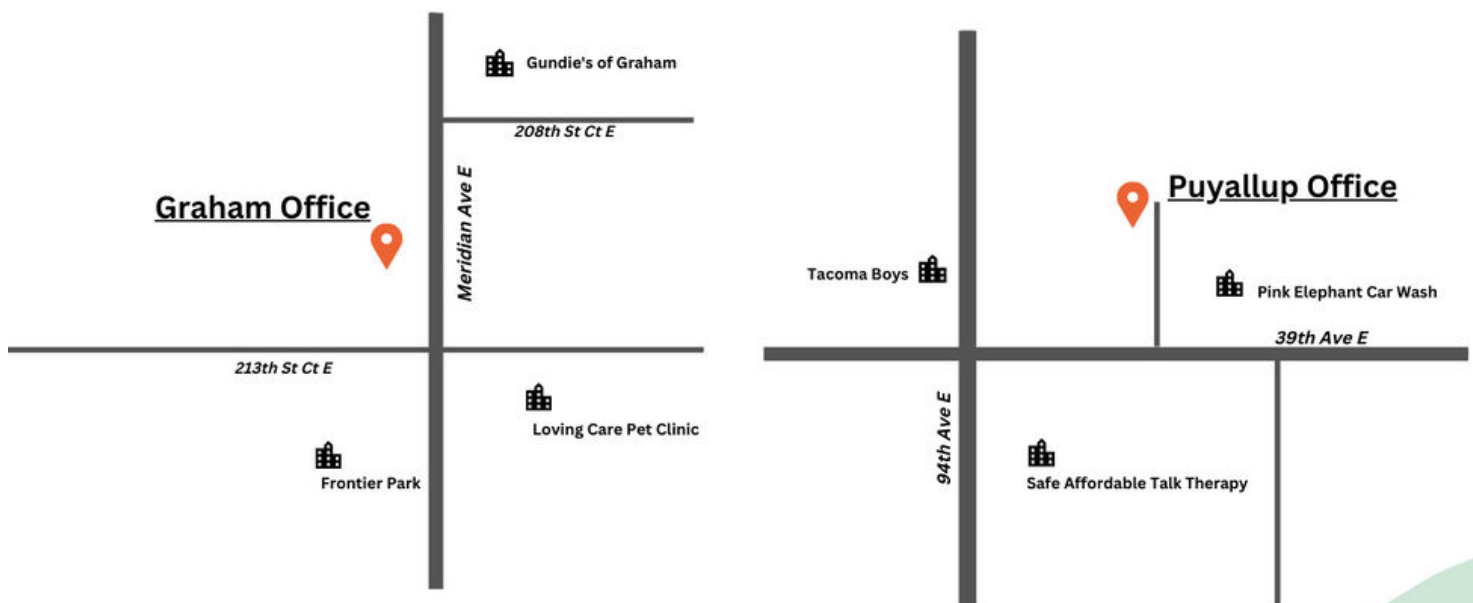


We are committed to providing a compassionate environment with the highest level of patient care. To assist is in your treatment, please read the instructions below prior to your appointment.

Instructions for first visits:

1. Please bring this form to your appointment.
2. Payment is due at the time of treatment unless other arrangements have been made in advance
3. Before your appointment, please visit the office webpage to fill out your patient registration



PATIENT: _____

PHONE NUMBER: _____

REFERRAL OFFICE: _____

Oral Surgery Endodontic Implant TMJ/ Sleep

REMARKS: _____

X-Rays/ Records Available?

Emailed Given to Patient Faxed Please Take

