



219 Clement St. San Francisco, CA 94118

Tel: (415) 776-6710 | Fax: (415) 776-2850 | [www.sforalsurgery.com](http://www.sforalsurgery.com)

## SF ORAL SURGERY

IMPLANTS + WISDOM TEETH

Michael Y. Chan, DDS  
William C. Chan, DDS  
Kirsten J. Rittenbach, DDS, MD  
Brian Y. Yang, DDS, MD

### Instructions of Patient

1. Please bring this slip and any x-rays (if applicable) to your appointment.
2. If you have medical or dental insurance, please bring any cards/benefit info. This will save you time and allow us to help you process any claims.
3. Please bring all pertinent medical information and a list of all medications you are currently taking. Continue all current medications unless instructed otherwise.
4. If you are going to have IV anesthesia: **DO NOT** eat or drink anything (including water, coffee, etc.) for 6 hours before your appointment. Bring someone to drive you home. It is advisable to wear a short sleeved top and loose-cuffed pants. Call the office if you develop a cold, fever, or sore throat prior to your scheduled appointment.
5. Please use the restroom use prior to your appointment.
6. If you have any questions, please feel free to contact our office anytime.

Michael Y. Chan, D.D.S.

William C. Chan, D.D.S.

Brian Y. Yang, D.D.S.

Kirsten J. Rittenbach, D.D.S., MD

First Available

**YELLOW: DOCTOR**

**WHITE CARD: PATIENT**

Please fax top copy to (415) 776-2850 or  
email to: [welcome@sforalsurgery.com](mailto:welcome@sforalsurgery.com)

Date: \_\_\_\_\_ Pts. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Introducing: \_\_\_\_\_ Ph#: \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_

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

X-Rays:  Accompanying Patient  Mailed to your office  Emailed  Please Take

### Please circle teeth to be removed or list work to be done

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

Extraction  Pathology/Biopsy  Orthodontic Expose/Bond

Implant  Bone Graft  Ridge/Preservation

Remarks: \_\_\_\_\_

\_\_\_\_\_

Call me prior to consultation