



**ORAL & MAXILLOFACIAL**

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122 S. Patterson Ave., Bld. A, Ste. 111  
Santa Barbara, CA 93111  
p. 805.964.6787 | f. 805.964.5711

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Office #: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Please mark teeth to be treated

	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															L			
				T	S	R	Q	P		O	N	M	L	K				
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Confirm teeth to be treated: \_\_\_\_\_

Procedures

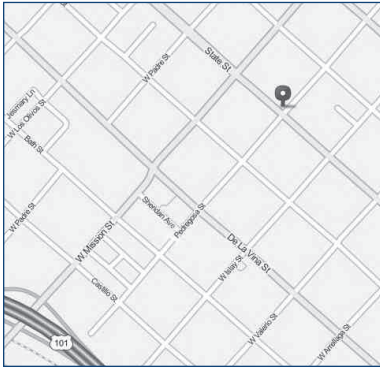
- |   |   |
|---|---|
| <input type="checkbox"/> Consultation   | <input type="checkbox"/> Oral Pathology/Biopsy      |
| <input type="checkbox"/> Extractions  | <input type="checkbox"/> TMJ Disorders              |
| <input type="checkbox"/> Dental Implants                                      | <input type="checkbox"/> Temporary Anchorage Device |
| <input type="checkbox"/> Bone Grafting  | <input type="checkbox"/> Surgical Exposure          |
| <input type="checkbox"/> Gingival Graft                                       | <input type="checkbox"/> Fiberotomy                 |
| <input type="checkbox"/> Tori Removal/Aveoloplasty<br>(Preprosthetic Surgery) | <input type="checkbox"/> Soft Tissue Augmentation   |
|   | <input type="checkbox"/> Other: _____               |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X-Rays

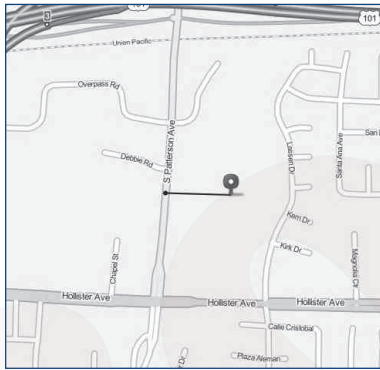
- |  |   |
|--|---|
| <input type="checkbox"/> X-Ray mailed            | <input type="checkbox"/> Take Cone beam CT    |
| <input type="checkbox"/> X-Ray sent with patient | <input type="checkbox"/> Take Panoramic X-Ray |

## Directions to offices



### **Downtown Office**

9 E. Pedregosa St.  
Santa Barbara, CA 93101  
p. 805.569.1889  
f. 805.569.3070



### **Goleta Office**

122 S. Patterson Ave.,  
Bld. A, Ste. 111  
Santa Barbara, CA 93111  
p. 805.964.6787  
f. 805.964.5711

## To our patients

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

- The initial visit, with the exception of certain emergency cases is for consultation only. This enables us to fully evaluate your problems and tailor the care to your specific needs.
- Patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult.
- Please bring all x-rays, this referral slip, pertinent medical information and a list of all medications you are currently taking.
- Please alert the office if you have a medical condition that may be of concern prior to surgery.
- Please bring both your medical and dental insurance information on the day of your appointment.

Save time: Secure online patient registration and online referrals:  
[www.sboralsurgery.com](http://www.sboralsurgery.com)