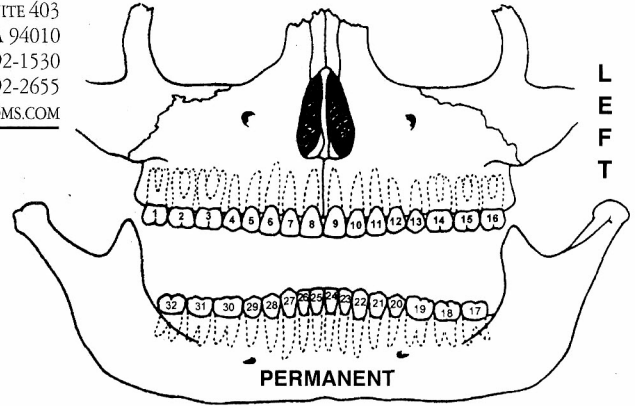


WILLIAM B. BOHANNAN, D.D.S., M.D., P.C. SEVENTEEN-FIFTY EL CAMINO MEDICAL BUILDING  
 BOARD CERTIFIED, AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY 1750 EL CAMINO REAL - SUITE 403  
 BOARD CERTIFIED, NATIONAL BOARD OF MEDICAL EXAMINERS BURLINGAME, CA 94010  
 ASSOCIATE, THE AMERICAN ACADEMY OF COSMETIC SURGERY TEL: (650) 692-1530  
 FAX: (650) 692-2655  
 WEBSITE - WWW.WBOMS.COM

Please circle the teeth to be treated



**Appointment Information:** This time is reserved specifically for you. If for any reason the appointment cannot be kept, kindly notify us one day in advance.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

- Extraction
- Alveoloplasty
- Apicotectomy
- Biopsy
- Frenectomy
- Exposure
- Expose & Bond
- Incision & Drainage
- Trauma

**Instructions to patients referred for consultation**

- This appointment is for a consultation. If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.
- If you are taking medicine of any kind, bring it with you or obtain a list of medication(s) including dosage.

**For patients who have appointments for surgery only**

- Do not eat or drink anything (not even a sip of water) at least \_\_\_\_\_ hours prior to your appointment.
- Clean your teeth and mouth well prior to surgery.
- Arrange for a responsible adult to accompany you and to drive you home. Your driver must come into the office to pick you up. <sup>six (6)</sup>
- Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at the time of operation).

**CONSULTATION**

- TMJ
- Orthognathic Evaluation
- Dental Implants
- Sleep Apnea
- Cosmetic Facial Surgery

**RADIOGRAPHS**

- Enclosed
- Given to Patient
- Please Take
- Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_