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*Diplomates of the American Board of
 Oral and Maxillofacial Surgery*

WWW.NCFOS.COM

Date _____

Introducing Patient _____ Phone # _____

Referred by Dr. _____ Phone # _____

- Please Examine the area circled below:
 Please Remove tooth or teeth marked below (x):

Permanent Dentition

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

Deciduous Dentition

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

Remarks or findings _____

Referring Doctor's signature _____

Consultation for:

- Implant Grafting/Augmentation Pathology/Biopsy

Recent radiographs:

- Accompanying patient Mailed to your office Please take

Please fax a copy of this referral to our office and send the original with the patient.

Your appointment is on _____ , _____ at A.M./P.M.

WHITE - PATIENT COPY YELLOW - DOCTORS COPY

PLEASANTON OFFICE
 1443 Cedarwood Ln.
 Pleasanton, CA 94566
 p: 925-462-1533 | f: 925-462-1348

SAN LEANDRO OFFICE
 345 Estudillo Ave., Ste. 100
 San Leandro, CA 94577
 p: 510-483-5111 | f: 510-483-9793

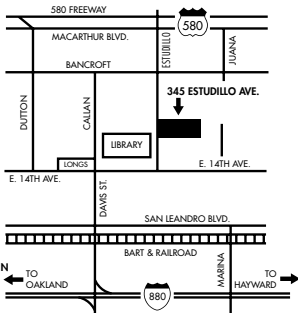
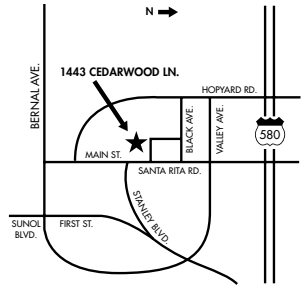
FREMONT OFFICE
 39210 State St., Ste. 115
 Fremont, CA 94538
 p: 510-792-9405 | f: 510-792-0212

PATIENT INSTRUCTIONS

- The initial visit is for a consultation and evaluation. We tailor the care to your specific needs. If you prefer you can usually have your procedure done that day with a local anesthetic.
- Patients receiving general anesthesia are typically seen for a consultation appointment prior to their surgery.
- Please bring the following:
 1. This referral slip.
 2. Names of doctors and medications you are taking (or have taken recently) and to which you are allergic.
 3. X-rays.
 4. Completed insurance forms.
- Minors (under 18 years of age) must be accompanied by a parent or legal guardian.
- You have been referred for specialized care to an oral surgeon. We work hand in hand with your dentist to ensure that you receive proper and compassionate care. If you have any questions, please feel free to ask.
- **Go to www.ncfos.com to download patient forms that you can complete prior to your office visit.**

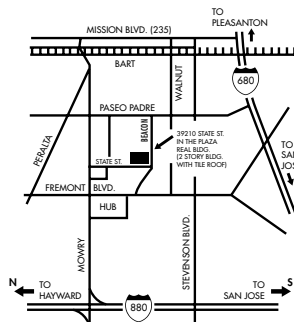
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