

Patient: _____ Phone: _____

Date: ____ / ____ / ____ Patient DOB: ____ / ____ / ____

Referred By: _____ Phone: _____

Procedure:

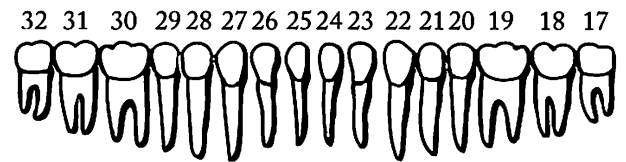
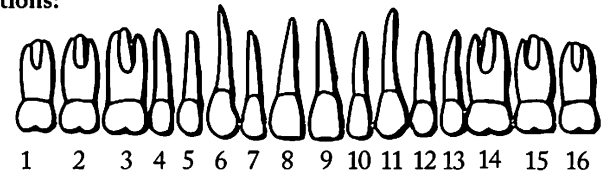
- Extraction
- Implant
- Biopsy
- Trauma
- Exposure
- Other

Radiographs:

- Sent via Email
- Please Take
- Given to Patient

Comments:

Extractions:



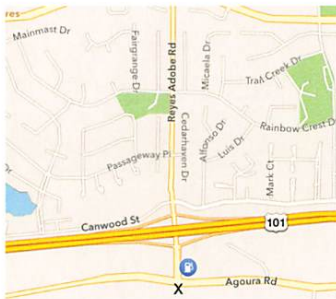
Confirm Tooth Number: _____

Patient Instructions:

For patients undergoing IV sedation, please do not eat or drink 8 hours prior to your appointment. Please bring an escort who will drive you home following your procedure.

Location:

30200 Agoura Road, Suite 100 | Agoura Hills, CA 91301
Exit the 101 at Reyes Adobe, go south towards Agoura Road.
When you see the sign for the Ridge, proceed up the hill. In the far building, we are the first suite on the left in the main lobby.



Agoura Hills ORAL SURGERY

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