



HILLCREST

Periodontics and Oral Surgery

1000 W. Washington St.
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San Diego, California 92103
Office (619) 297-0700
Fax (619) 704-0688
info@hillcrestperiodontics.com

Date: _____

Patient's Name: _____

Patient's Phone: _____

Referring Dr: _____

Appointment Date: _____ Time: _____

Stephen Munroe, D.D.S.

- Limited Periodontal Evaluation
- Full Mouth Periodontal Evaluation
- Extraction and Site Preservation Bone Grafting
- Second Opinion Periodontal Consultation
- Gingivectomy/Frenectomy
- Crown Lengthening
- Soft Tissue Defects (Gingival Grafting)
- Gummy Smile Correction
- Pre-Prosthetic Evaluation:
 - Alveoplasty
 - Tori Removal
- Exposure of Unerupted Teeth
- Temporary Anchorage Devices
- Ridge Augmentation
- Sinus Evaluation and Bone Grafting
- Implant Evaluation
- Other _____

Stone Thayer, D.M.D., M.D.

- Wisdom Teeth (3rd Molar) Extraction
- Full Mouth Extractions
- Extraction and Site Preservation Bone Grafting
- Pre-Prosthetic Evaluation:
 - Alveoplasty
 - Tori Removal
- Second Opinion Oral Surgery Consultation
- Expose and Bond
- Temporary Anchorage Devices
- Ridge Augmentation
- Sinus Evaluation and Bone Grafting
- Implant Evaluation
- Lesion Evaluation and Biopsy
- Incision and Drainage
- Maxillary and Mandibular Jaw Surgery
- TMJ Evaluation
- Dentoalveolar Trauma
- Other _____

Anesthesia Preference: Local Anesthetic Intravenous Sedation General Anesthetic

PLEASE INDICATE TEETH TO BE TREATED

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

X-Rays: Take _____ Sent _____ Given to Patient _____

Health Advisory: _____ Pre-Med: _____

Comments: _____

Signed: _____ Phone: _____

Before your appointment

1. Please bring the **name** and **dosage** of any medicine you are currently taking, including over the counter medications and supplements.
2. If you have insurance, please bring your card and any forms with you.
3. Wear short-sleeved, comfortable clothing.
4. Do not drink any alcoholic beverages for 12 hours before your surgery.
5. It is a good idea to have a few ice compresses prepared when you arrive home after any surgical appointment.
6. If there is any change in your health in the few days before your surgery, such as **fever, chest cold, flu or persistent cough**, please notify our office immediately.

For Patients with sedation surgery appointments:

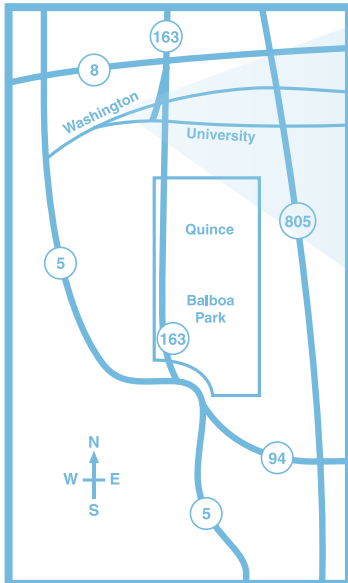
1. Do not eat or drink anything (not even a sip of water or gum) at least (6) hours prior to your appointment.
2. Clear your teeth and mouth well prior to surgery.
3. Arrange for a responsible adult to accompany you to drive you home, they must remain in the office during your appointment. Any unmarried patient under 18 years of age must be accompanied by a parent or **legal guardian** at the time of surgery.
4. Do not drink alcohol for 24 hours before the surgery.
5. Wear comfortable loose fitting clothing and a short sleeve shirt.

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY THE OFFICE AT LEAST 48 HOURS PRIOR TO YOUR SCHEDULED VISIT. IF YOU HAVE ANY QUESTIONS REGARDING YOUR SURGERY, DO NOT HESITATE TO CALL THE OFFICE.

Stephen H. Munroe, D.D.S.
Periodontist

Stone Thayer, D.M.D., M.D.
Oral Surgeon

Practice Limited to Periodontology and Implant Dentistry



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