



Newport Oral Surgery

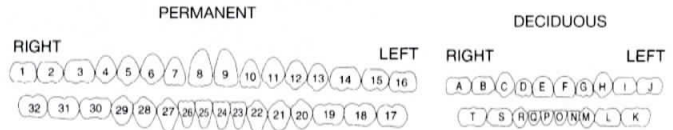
Gary L. Wyatt, D.D.S., APC*
Thomas R. Michaelis, D.D.S., M.D., Inc.*
Vivian Jui, D.M.D., Inc.*
A Professional Partnership
Ryan M. Kriwanek, D.D.S., M.D.

Newport Beach
1401 Avocado Avenue, Suite 506
Newport Beach, CA 92660
tel 949.760.1661 fax 949.760.8016

Irvine
16300 Sand Canyon Avenue, Suite 701
Irvine, CA 92618
tel 949.727.4631 fax 949.727.4621

www.newportoralsurgery.com

PLEASE CIRCLE TEETH TO BE REMOVED.



Introducing (patient's name) _____

Appointment Date: _____ Time: _____ Day: _____

NOTE: This time is specifically reserved for you. If possible, please notify our office at least 24 hours in advance if you must cancel this appointment.

Dental Implant Restorative Plan

Preferred Implant System:

- Astra
- Nobel Biocare
- Please select type: Conical Tri-Lobed
- Straumann/ITI
- Please select type: Tissue Level Bone Level
- Other: _____

Do you want Newport Oral Surgery to do the abutment? Yes No

Stock Abutment Custom Abutment

Is patient interested in immediate temporary abutment? Yes No

Remarks: _____

Referred by Dr. _____ Date _____

Duplicate Copy for Referring Doctors Records

PLEASE BRING THIS CARD AND FOLLOW INSTRUCTIONS ON BACK.

Patient Copy / Yellow

* Diplomates American Board Oral & Maxillofacial Surgery

Referring Office Copy / White



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INSTRUCTIONS FOR PATIENTS HAVING A GENERAL ANESTHETIC

1. Please do not eat or drink for 6 hours before coming to the office. (This includes coffee, water, etc.)
2. Do not smoke for two hours prior to surgery.
3. Patients must have someone to drive them home or be prepared to go home in a taxicab.
4. Minors must be accompanied by a parent or have written consent.
5. Bring the name of any medicine you take with you.