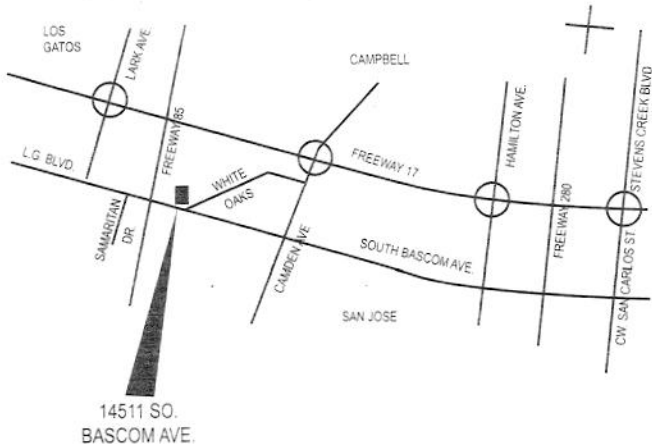
KENNETH E. FOLLMAR, II, D.D.S., Inc.
TROY S. FOLLMAR, D.D.S
ALICIA FOLLMAR WANG, D.M.D
ORAL & MAXILLOFACIAL SURGERY

14511 SOUTH BASCOM AVENUE
LOS GATOS, CALIFORNIA 95032

TELEPHONE (408) 356-3146
FAX (408)356-0267
frontdesk@follmaroms.com
www.follmaroms.com



INTRODUCING: ____________________

APPOINTMENT: ____________________
DAY DATE TIME

REFERRING DR.: ____________________
DATE

MEDICAL PROBLEM: ____________________

PATIENT'S PHONES: ____________________
HOME WORK

INDICATED BY A CIRCLE OR X THE TEETH TO BE REMOVED

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

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

☐ CBCT Area ____________________

REFERRAL REMARKS: ____________________

ANESTHESIA PREFERRED:
- GENERAL ANESTHESIA........................☐
- NITROUS..☐
- LOCAL..☐

SPECIFY IMPLANT BRAND:

....

ITERO SCAN PREFERRED? YES ☐ NO ☐
SPECIFY LAB ....

INSTRUCTIONS FOR PATIENTS HAVING GENERAL ANESTHESIA OR I.V. SEDATION
DISREGARD IF HAVING LOCAL ANESTHESIA ONLY (NUMBERING)

1. DO NOT HAVE ANYTHING TO EAT OR 8 HOURS PRIOR TO YOUR APPOINTMENT: NO WATER, NO LIQUIDS, NO FOOD OF ANY KIND.
2. ARRANGE FOR A RELATIVE OR FRIEND TO ACCOMPANY YOU HOME AFTER THE OPERTAION.
3. PLEASE WEAR COMFORTABLE LOOSE FITTING CLOTHING WITH SHORT SLEEVES. WEAR NO JEWELRY.
4. PATIENTS UNDER 18 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN. WRITTEN CONSENT FOR OPERATION IS REQUIRED.
5. PATIENTS WITH EXTENSIVE HEALTH HISTORY OR TAKING MANY MEDICATIONS, PLEASE CALL US IN ADVANCED FOR INSTRUCTIONS.

ON-LINE PATIENT REGISTRATION AVAILABLE AT WWW.FOLLMAROMS.COM