ANDREW R RAHN DDS PC
ORAL & MAXILLOFACIAL SURGERY ● BOARD CERTIFIED

1313 E. Herndon Ave. Suite 104
Fresno, CA 93720
Phone: (559) 435-7993 FAX: (559)435-7935
Email: rahnoms@yahoo.com

☐ **Andrew Rahn, DDS** ☐ **Thomas Curiel, DMD**

PATIENT INFORMATION

Today's Date: _____
Name:_____ DOB:_____
Parent/Guardian Name: _____
Phone:_____ Email:_____
Appointment Date:_____ Time:_____

☐ Please call to schedule appointment ☐ Patient will call to schedule appointment

REFERRING DOCTOR INFORMATION

Referred By: _____ Telephone: _____

CONSULTATION

☐ Implant #_____ ☐ Sinus Lift ☐ Pre-Prosthetic
☐ Bone Graft ☐ Expose & Bond ☐ Facial Trauma
☐ Orthognathic Evaluation ☐ TMJ Evaluation ☐ Other:_____

PROCEDURE

☐ Extraction ☐ Alveoplasty ☐ Lesion Evaluation ☐ Apicoectomy
☐ Expose/Bond#_____ ☐ Biopsy ☐ Frenectomy ☐ Other:_____
☐ Soft Tissue Exposure#____ ☐ Incision & Drainage ☐ Infection

Permanent

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

Primary

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

PLEASE VERIFY TEETH FOR EXTRACTION: _____

RADIOGRAPHS OR CLINICAL PHOTOS

☐ Attached with this Referral, Date taken: _____
☐ Mailed ☐ Sent with Patient ☐ Please Take ☐ No X-Ray

SPECIAL INSTRUCTIONS

_____
_____
_____
_____
_____
_____