

ORAL SURGERY AND IMPLANT REFERRAL



DR. CHRISTOPHER C. HOCK, DDS
BOARD CERTIFIED ORAL SURGEON

Located in The Summit Reno
13985 S. Virginia St, Ste 806
Reno, NV 89511
775.683.3008
info@summitblvddental.com
www.summitblvddental.com

Patient Name: _____ Date: _____

Referring Doctor: _____ Phone: _____

Appointment Date and Time: _____

Teeth to be removed (please circle):

UPPER RIGHT										UPPER LEFT									
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	
LOWER RIGHT										LOWER LEFT									

Implant placement for teeth #: _____

Expose and bond teeth #: _____

Sedation available: general anesthesia, nitrous oxide, and local anesthesia

Pre-appointment instructions for sedation patients (Please Read):

- No eating or drinking 8 hours prior to appointment time
- You must have an adult driver accompany you to your appointment and drive you home
- Please contact our office to complete or provide us your medical history, including a complete list of all current medications

We will be happy to assist you, should you have any questions

Notes / special instructions: _____

