



Oral Surgeons of Santa Rosa

A practice of Board-Certified Oral & Maxillofacial Surgeons

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Introducing, _____ DOB: _____ Phone: _____

Dental Insurance? Yes No Medical Insurance? Yes No

Subscriber Name: _____ Group ID#: _____

Co: _____ DOB: _____ ID# _____

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

Please, verify site(s): # _____

Diagnosis:

- | | | |
|---|--|---|
| <input type="checkbox"/> Caries | <input type="checkbox"/> Missing Tooth | <input type="checkbox"/> Malposition/Impaction |
| <input type="checkbox"/> Root Fracture | <input type="checkbox"/> Periodontal Disease | <input type="checkbox"/> New Lesion / Pathology |
| <input type="checkbox"/> Crown Fracture | <input type="checkbox"/> Crowding | <input type="checkbox"/> Other: _____ |

Treatment Request:

- | | | |
|--|---|--|
| <input type="checkbox"/> Extraction & Preservation | <input type="checkbox"/> Bone Regeneration | <input type="checkbox"/> Wisdom Tooth Evaluation |
| <input type="checkbox"/> Implant | <input type="checkbox"/> All-on-X | <input type="checkbox"/> Expose & Bond |
| <input type="checkbox"/> Esthetic Implant with Provisional Crown | <input type="checkbox"/> Skeletal Expansion | <input type="checkbox"/> Biopsy |

Restorative Plan:

- | | | |
|---|---|---|
| <input type="checkbox"/> Implant Crown | <input type="checkbox"/> Hybrid Denture | <input type="checkbox"/> None, Routine Care |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Overdenture | <input type="checkbox"/> Removable Prosthesis |
| <input type="checkbox"/> TBD, Patient to undergo Treatment Planning | | <input type="checkbox"/> Orthodontics |

Supplemental Information:

- | | | |
|--|--|--|
| Appointment: | Radiographs: | Study Models (implant cases): |
| <input type="checkbox"/> Please Call Patient | <input type="checkbox"/> None, please collect | <input type="checkbox"/> None, collect if needed |
| <input type="checkbox"/> Booking Complete | <input type="checkbox"/> E-mailed to info@santarosaoms.com | <input type="checkbox"/> STL e-mailed |
| | <input type="checkbox"/> Patient will provide | <input type="checkbox"/> Stone Models available |
| | <input type="checkbox"/> Mailed | |

Additional Notes:

Sincerely, Dr. _____ Date: _____



10 Doctors Park Drive,
Santa Rosa, CA 95409



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DDS, MD



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Note to Patients:

- To expedite your visit, we encourage early completion of registration forms. To access these forms, visit www.santarosaoms.com/patient-information/patient-registration/ or visit our office during regular business hours prior to your visit. Please bring with you: this form, a list of medications you are currently taking, active insurance information, and a guardian if the patient is under the age of 18.
- The scheduled appointment time is reserved specifically for you. If you need to reschedule, please contact our office at *least 48 hours in advance* at (707) 546-4727 to have our team alter your appointment time.

Instructions prior to General Anesthesia:

- Wear comfortable, loose fitting clothing that will allow exposure of the upper arms and waist.
- Absolutely no food or liquids by mouth (including water) for 8 hours leading up to your surgery. It is extremely dangerous to have anything in your stomach while sedated.
- Refrain from smoking or vaping any substance for 24 hours prior to your visit.
- Please arrange for a reliable family member or friend to bring you to the appointment and drive you home after your procedure (no ride sharing). It is required that the ride is present at check-in.

Emergent Care:

Symptoms of pain, swelling, bleeding or discomfort may be indications of infection and should be relayed to our office. We will do everything possible to provide relief and comfort for you.

*Thank you for the opportunity to be involved in your care.
We look forward to meeting you.*

- Drs. McMahon, Yoshikane & Stephens