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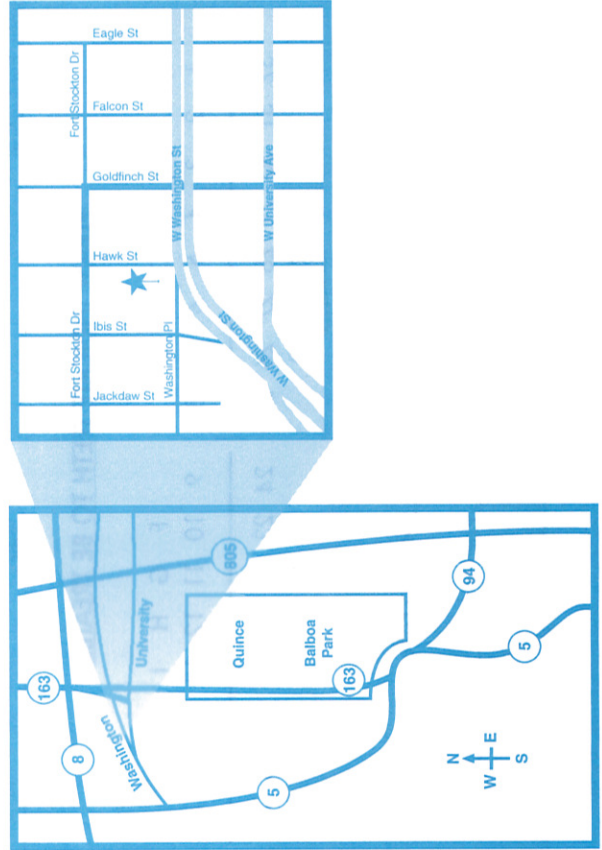
Before your appointment

1. Please bring the **name** and **dosage** of any medicine you are currently taking, including over the counter medications and supplements.
2. If you have insurance, please bring your card and any forms with you.
3. Wear short-sleeved, comfortable clothing.
4. Do not drink any alcoholic beverages for 12 hours before your surgery.
5. It is a good idea to have a few ice compresses prepared when you arrive home after any surgical appointment.
6. If there is any change in your health in the few days before your surgery, such as **fever**, **chest cold**, **flu** or **persistent cough**, please notify our office immediately.

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY THE OFFICE AT LEAST 48 HOURS PRIOR TO YOUR SCHEDULED VISIT. IF YOU HAVE ANY QUESTIONS REGARDING YOUR SURGERY, DO NOT HESITATE TO CALL THE OFFICE.

Stephen H. Munroe, D.D.S.

Practice Limited to Periodontology and Implant Dentistry



Hillcrest Periodontics

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Phone: (619) 297-0700 Fax: (619) 704-0688

Date: _____

Patient's Name: _____

Patient's Phone: _____

Referring Dr: _____

Appointment Date: _____ Time: _____

Consultation and Treatment Requested for:

- Full Mouth Periodontal Evaluation
- Limited Periodontal Evaluation
- Second Opinion Consult
- Crown Lengthening
- Implant Evaluation
- Sinus Evaluation
- Exposure of unerupted tooth (ortho)
- Extraction (with site preservation)
- Frenectomy / Gingivectomy
- Mucogingival Defects (Gingival Graft)
- Ridge Augmentation
- Other _____

PLEASE INDICATE TEETH TO BE TREATED

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						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
T	S	R	Q	P	O	N	M	L	K						

X-Rays: Take _____ Sent _____ Given to Patient _____

Health Advisory: _____ Pre-Med: _____

Comments: _____

Signed: _____ Phone: _____