



Michael L. La Puma, D.M.D.

Oral and Maxillofacial Surgery
California Medical Center
683 California Boulevard
San Luis Obispo, California 93401
tel 805 541 6725 fax 805 541 6872

Introducing: _____ Date: _____

Appointment set for _____

date

time

Please consult regarding:

- Pre-prosthetic surgery
 - Ridge augmentation
 - Implants
- TMJ consultation/treatment
- Dento-alveolar surgery
 - Biopsy
 - Frenectomy
 - Extractions:
- Sending radiographs
 - By Mail With Patient
 - Radiographs needed
 - Call after consultation
 - Vestibuloplasty
 - Other _____
- Mucogingival surgery

			A	B	C	D	E		F	G	H	I	J						
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16			
			right									left							
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						

Referring Dr.: _____

Comments: _____

WELCOME TO OUR OFFICE

Our office is dedicated to providing you with the highest quality of care. To help us in scheduling your appointment, please remember the following:

1. The initial visit, with the exception of certain emergency cases, is for consultation only. This enables us to fully evaluate your problem and tailor the care to your specific needs.
2. Unmarried patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of initial consultation.
3. Please bring all pertinent medical information and a list of all medications you are currently taking.