

ALEX RABINOVICH DDS, MD
Board Certified Oral & Maxillofacial Surgeon

129 Sacramento Street
San Francisco, CA 94111
phone: (415) 817-9991
fax: (415) 277-0704

Appointment Information: minors MUST be accompanied by a parent or legal guardian. This time is reserved specifically for you. if you are unable to keep this appointment, kindly notify us at least 72 hours in advance to avoid a cancelation charge.

Today's Date: _____ Appt.Date _____ Time: _____

Patient's Name: _____

Patient's Phone: _____

Referring Doctor: _____

Referring Doctor's Phone: _____

PLEASE CIRCLE TEETH TO BE TREATED

	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
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					

- | | |
|--|---|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Expose & Bond |
| <input type="checkbox"/> Implant Consultation | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Sinus Augmentation |
| <input type="checkbox"/> TMJ Consultation Evaluation | <input type="checkbox"/> Biopsy/Pathology |
| <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Crown Lengthening |
| <input type="checkbox"/> Preprosthetic Surgery | <input type="checkbox"/> Incision and Drainage of Abscess |
| <input type="checkbox"/> Other: _____ | |

RADIOGRAPHS

- Enclosed Given to the Patient Please make

Remarks/Special Instructions: _____

PLEASE READ CAREFULLY: 1. Bring this form with you to your appointment
2. Please attach insurance information

Please see reverse for additional information and map to our office