GREEN STREET
ORAL SURGERY

Brian Goo, DDS
Diplomate, American Board of Oral and Maxillofacial Surgery

Date of Referral .....

Patient's Name .....

Reason for Referral .....

CIRCLE TEETH TO BE TREATED

Right			A	B	C	D	E	F	G	H	I	J				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
				T	S	R	Q	P	O	N	M	L	K			

◯ Dental Implant(s) ◯ Grafting ◯ Dentoalveolar Surgery

◯ Extraction(s) ◯ Sedation ◯ Pathology ◯ Other

Dr. Requests Call ◯ Yes ◯ No

Referring Doctor's Name .....

Referring Doctor's # .....

- Rear parking lot is accessible via private driveway. The driveway entry is immediately adjacent to our front door. Look for the GREEN door and our logo. It is easy to miss with the first pass.
- Minors must be accompanied by a parent/legal guardian
- Please arrive 15min prior to your first appointment to complete registration forms
- If you must cancel your appointment, please notify us at least 48 hours prior to your scheduled visit

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