

Stephen T. T. Goei, D.D.S., M.S.
 South Pasadena Oral & Maxillofacial Surgery
 1141 Fremont Avenue
 South Pasadena, CA 91030-3226
 626.799.2999 • Fax 626.799.1739

Thank you for choosing us as your provider of quality care!

South Pasadena

S P O M S
 Oral & Maxillofacial
 SURGERY

Introducing _____ Date: _____

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

- EXTRACTION ALVEOLOPLASTY
- RIDGE PRESERVATION
- PATHOLOGY/BIOPSY
- ORTHODONTIC EXPOSE/BOND
- TAD PLACEMENT
- ORTHODONTIC CORTICOTOMY
- INCISION AND DRAINAGE
- FRENULECTOMY

- DENTAL IMPLANT TREATMENT:** SINGLE STAGE BONE LEVEL NO PREFERENCE
- PROSTHETIC STAGE REQUESTED:** HEALING ABUTMENT ONLY PLEASE PLACE ABUTMENT
- IMPLANT SITE DEVELOPMENT ONLY:** ALVEOLAR GRAFT SINUS GRAFT
- 3D COMPUTED TOMOGRAPHY IMAGING-AREA OF CONCERN:** _____

Comments: _____

Referring Dr. _____

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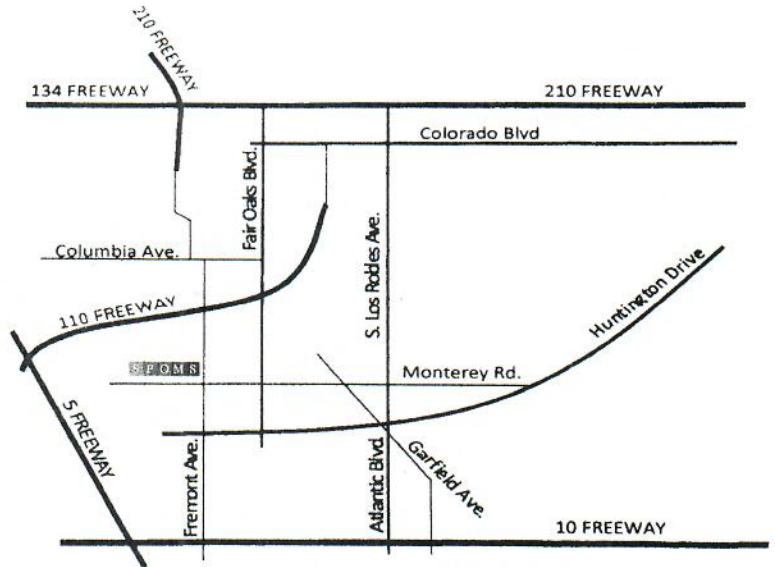
South Pasadena

S P O M S
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 SURGERY

You have been referred to us for an oral and maxillofacial surgical consult and treatment. After you call to make an appointment, you will receive further information on what to expect at the first visit. Please bring any medications you are currently taking and any X-rays you may have.

Special Instructions:

1. Patients who receive General Anesthesia or Sedation are instructed to **not have any food or drink**, including water, at least 6 hours prior to surgery.
2. If you are taking any regular medications, please take them with a small sip of water.
3. Please Arrange for a driver. A driver must be present to **begin** the procedure.
4. Any patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery.



Appointment Time: _____ Date: _____

Our Mission - "We, the team of South Pasadena Oral and Maxillofacial Surgery, are committed to the highest standard of care for our patients in our effort to improve the quality of life."