



**DR. PAUL J. TIERNAN**  
**ORAL**  
**AND**  
**MAXILLOFACIAL**  
**SURGERY**

Diplomate of the American Board of Oral and Maxillofacial Surgery

Fellow of the American Association of Oral and Maxillofacial Surgery

**30 Doctors Park Dr. Santa Rosa, CA 95405**  
**(707) 546-4727 Fax (707) 546-3123**  
**www.pauljtiernandds.com**

**PLEASE ATTACH INSURANCE INFORMATION FOR HIPAA COMPLIANCE**

Patient's Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Referred by Doctor \_\_\_\_\_ Date \_\_\_\_\_

*Patient sign below*

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to use and disclose the specified protected health information for the above stated purpose only and only for the duration of the date of this document to the expiration date.

**Circle Teeth to be Extracted:**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Right	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Left

**Deciduous**

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

X-Rays:  To be mailed  Patient will bring  Take at time of exam

Have doctor call our office with a report on this patient

**Implants**

REMARKS FROM REFERRING DENTIST

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

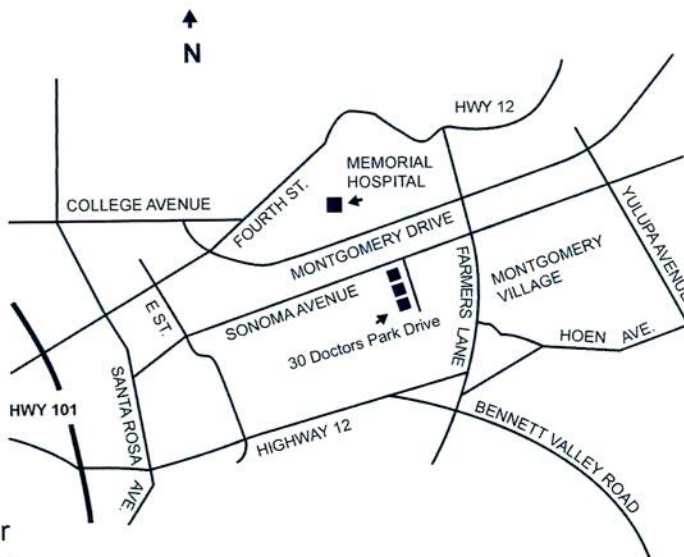
\_\_\_\_\_  
 Signature of referring doctor

*Directions on Back*

*- Please bring this referral with you to your appointment-*

**The following are instructions ONLY for patients planning any type of Sedation or General Anesthesia.**

- 1. Absolutely No eating or Drinking** 8 hours prior to surgery. (Including water and coffee)
- Have someone drive you to and from the office.
- Contact lenses should not be worn.
- Wear short sleeves.
- If you develop a sore throat, cough, or runny nose prior to your appointment, call our office to postpone surgery.
- Please don't worry when you come to our office. Your experience in our office will be very easy.



**\*Doctors Park is located at 1820 Sonoma Avenue**