



Adam P. Fagin, DMD, MD
Richard A Fagin, DDS
Oral and Maxillofacial Surgeons

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Phone: (650) 342 - 0213 | Fax: (650) 342 - 0636
Email: info@peninsulaofs.com

Patient name _____ Date _____

DOB _____ Contact (Parent/Guardian) _____

Phone number/email _____

Referring Doctor _____

Referring Doctor's Best Contact (Phone/Email): _____

RADIOGRAPHS:

Emailed to info@peninsulaofs.com Please Take Sent with patient

SERVICES:

Tooth Extraction Dental Implant Bone Grafting Facilitate Orthodontics
 Orthognathic Surgery Pathology/Biopsy Sleep Apnea Facial Trauma
 TMJ Other: _____

PLEASE CIRCLE TEETH TO TREAT:

			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			

CASE NOTES (CONFIRM TEETH #'S):

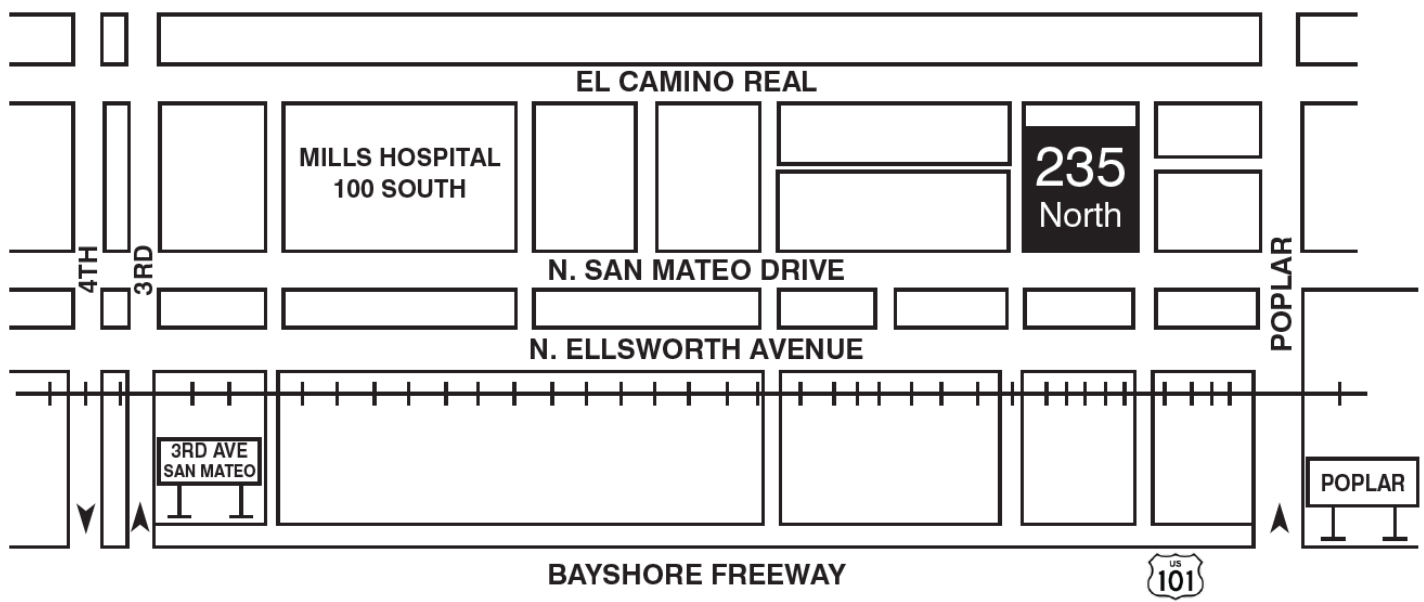
Preferred Surgeon: Adam Fagin, DMD, MD Richard Fagin, DDS First Available

APPOINTMENT:

Date _____ Time _____

INSTRUCTIONS:

- Please call to confirm your referral and appointment.
- To save time please fill out our patient registration at peninsulaofs.com or arrive 15 minutes early to your appointment to complete the registration paperwork at our office.
- Please bring this referral slip, X-rays if applicable, and all insurance cards/information so that we can complete any necessary insurance paperwork on your behalf.
- Patients under 18 must be accompanied by a parent or legal guardian.
- Please bring a list of any medications you are taking and those to which you are allergic.
- Your appointment time has been reserved especially for you. In consideration of other patients who need urgent care, please notify our office 24 hours in advance of your appointment should you need to reschedule.



**PLEASE SCAN QR CODE WITH YOUR MOBILE DEVICE
FOR DIRECTIONS TO OUR OFFICE**

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