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PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPOINTMENT DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

RADIOGRAPHS:  PLEASE TAKE  EMAILED/MAILED/WITH PATIENT - DATE TAKEN \_\_\_\_\_

**TEETH/AREA TO BE TREATED**

RIGHT

LEFT

| RIGHT |    |    |    |    |    |    |    | LEFT |    |    |    |    |    |    |  |
|-------|----|----|----|----|----|----|----|------|----|----|----|----|----|----|--|
| A     | B  | C  | D  | E  | F  | G  | H  | I    | J  |    |    |    |    |    |  |
| 1     | 2  | 3  | 4  | 5  | 9  | 10 | 11 | 12   | 13 | 14 | 15 | 16 | 17 | 18 |  |
| 32    | 31 | 30 | 29 | 28 | 24 | 23 | 22 | 21   | 20 | 19 | 18 | 17 | 16 | 15 |  |
| T     | S  | R  | Q  | P  | O  | N  | M  | L    | K  |    |    |    |    |    |  |

- CONSULTATION REGARDING:**  SURGICAL EXTRACTION(S)  LESION EVALUATION/BIOPSY
- EXPOSE AND BOND  IMPLANT PLACEMENT  ORTHOGNATHIC EVALUATION
- INFECTION  FACIAL COSMETIC EVALUATION  MAXILLOFACIAL TRAUMA
- BONE GRAFT  OTHER: \_\_\_\_\_

**MEDICAL ALERTS / COMMENTS:**

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**PLEASE VISIT [WWW.COASTALOFS.COM](http://WWW.COASTALOFS.COM) TO LEARN MORE ABOUT YOUR SURGERY, OUR OFFICE, AND TO MEET YOUR SURGICAL TEAM.**

**INSTRUCTIONS FOR ALL PATIENTS:**

*PLEASE*

- BRING THIS SLIP WITH YOU TO YOUR APPOINTMENT
- MINORS (17 AND UNDER) MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN
- BRING ALL MEDICAL AND DENTAL INSURANCE INFORMATION
- BRING THE NAME AND DOSAGE OF ANY MEDICINE THAT YOU ARE CURRENTLY TAKING

**INSTRUCTIONS FOR PATIENTS HAVING IV SEDATION/GENERAL ANESTHESIA:**

*PLEASE*

- HAVE NOTHING TO EAT OR DRINK (INCLUDING WATER) FOR 8 HOURS PRIOR TO YOUR APPOINTMENT. IF YOU TAKE ROUTINE ORAL MEDICATIONS, PLEASE CALL OUR OFFICE TO CHECK WITH OUR DOCTORS PRIOR TO YOUR SURGICAL DATE
- NO ALCOHOL OR TOBACCO FOR AT LEAST 12 HOURS PRIOR TO SURGERY
- HAVE A RESPONSIBLE ADULT WHO CAN DRIVE YOU HOME ACCOMPANY YOU TO YOUR APPOINTMENT
- WEAR LOOSE FITTING CLOTHING WITH SLEEVES THAT CAN BE ROLLED UP PAST THE ELBOW
- DO NOT WEAR LIPSTICK, EXCESSIVE MAKEUP, OR NAIL POLISH
- IF YOU HAVE AN ILLNESS SUCH AS A COLD, FLU, OR UPSET STOMACH, NOTIFY OUR OFFICE



**DIRECTIONS FROM THE 5N** - TAKE THE LOMAS SANTA FE DRIVE EXIT. TURN RIGHT ONTO LOMAS SANTA FE DRIVE. TURN LEFT ONTO STEVENS AVENUE. OUR OFFICE AND PARKING LOT ARE ON THE LEFT, JUST PAST SAN RODOLFO DRIVE.

**DIRECTIONS FROM THE 5S** - TAKE THE LOMAS SANTA FE DRIVE EXIT AND TURN LEFT ONTO LOMAS SANTA FE DRIVE. TURN LEFT ONTO STEVENS AVENUE. OUR OFFICE AND PARKING LOT ARE ON THE LEFT, JUST PAST SAN RODOLFO DRIVE.