



K. BAHİ, BSC., DMD, FRCDS(C), FCDS(BC), DIP ADSA

- *Certified Specialist in Oral & Maxillofacial Surgery*
- *Fellow Royal College of Dental Surgeons of Canada*
- *Fellow College of Dental Surgeons of BC*
- *Diplomate of American Dental Society of Anesthesia*
- *Member of International College of Implantology*

Surrey Location:

#1 – 6450 120TH ST, SURREY

PH: 604-507-0514 FX: 604-507-0516

Today's Date: _____

Patient Name: _____

DOB: _____ Sex: F /M

Patient's Day Time Phone: (_____) _____

Appt. Date: _____ Appt. Time: _____

Referring Doctor: _____

Doctor's Phone: (_____) _____

OMS Procedures:

Extraction:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | | | | | | | | | | | | | | | | | | | | |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | 55 | 54 | 53 | 52 | 51 | | 61 | 62 | 63 | 64 | 65 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 85 | 84 | 83 | 82 | 81 | | 71 | 72 | 73 | 74 | 75 | | | | | | | | | | |
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- Implants Facial Trauma Mouth Lesion
- Anesthesia Services

Facial Cosmetic Procedures:

- BOTOX Dermal Fillers Obagi Skin Care
- Chemical Peel Check Implants Chin Implants
- Jaw Angle or Profile Surgery Ear Lobe Repair
- Other: Specify

Please provide patient insurance information:

Primary Subscriber:

Name: _____ same as patient

Relationship to patient: _____ DOB: _____

Insurance Company: _____ Policy/group #: _____

Certificate ID #: _____ Dependent #: _____

Employer: _____ Basic %: _____

Secondary Subscriber:

Name: _____

Relationship to patient: _____ DOB: _____

Insurance Company: _____ Policy/group #: _____

Certificate ID #: _____ Dependent #: _____

Employer: _____ Basic %: _____