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### Preferred Oral & Maxillofacial Surgeon

Dr. K. Bahi  Dr. K. Banwait  Dr. N. Sandhu  First Available

### Patient Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex M / F  
dd / mm / yyyy

### Recommended Treatment

	55	54	53	52	51	61	62	63	64	65							
<b>R</b>	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	<b>L</b>
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
	85	84	83	82	81	71	72	73	74	75							

Extractions  Anesthesia Services  Oral Pathology  
 Implants  Trauma / Other \_\_\_\_\_

**Radiographs**  Take in office  To be emailed

Today's Date \_\_\_\_\_ Referring Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

### Primary Insurance Details No Dental Insurance

Insurance Company \_\_\_\_\_

Plan Member \_\_\_\_\_  Same as Patient

Relationship to Patient \_\_\_\_\_ D.O.B. \_\_\_\_\_  
dd / mm / yyyy

Policy/Group # \_\_\_\_\_ Dependent # \_\_\_\_\_

Certificate ID # \_\_\_\_\_ Basic % \_\_\_\_\_

### Secondary Insurance Details

Insurance Company \_\_\_\_\_

Plan Member \_\_\_\_\_  Same as Patient

Relationship to Patient \_\_\_\_\_ D.O.B. \_\_\_\_\_  
dd / mm / yyyy

Policy/Group # \_\_\_\_\_ Dependent # \_\_\_\_\_

Certificate ID # \_\_\_\_\_ Basic % \_\_\_\_\_

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