



1377 East 3900 South
Suite 104
Salt Lake City, UT 84124

Today's Date: _____

Introducing: _____

Patient Phone: _____

Referred By: _____

Referring Doctor Phone: _____

Appointment Date: _____ Time: _____

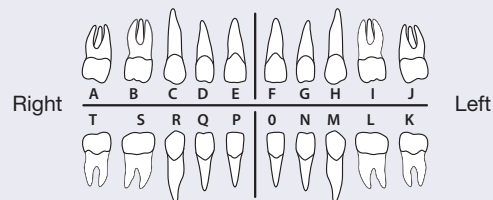
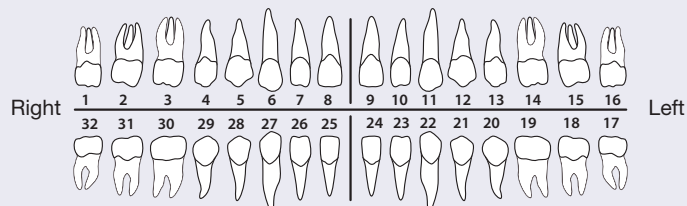
SEDATION INSTRUCTIONS: No food to eat or drink for 8 hours prior to the procedure. Wear comfortable clothing with short sleeves. All patients must bring an escort that can accompany them to the appointment. If the patient is less than 18 yrs. old, the escort must be a parent or guardian.

X-RAYS:

- | | |
|---|---|
| ☐ Sent by Mail | ☐ Given to Patient |
| ☐ Sent Via Email | ☐ Take an X-Ray |

PLEASE EVALUATE FOR THE FOLLOWING TREATMENT:

- | | | |
|--|------------------------------------|--|
| ☐ Dental Implants | ☐ Biopsy | ☐ Extractions |
| ☐ Exposure & Bond | ☐ Infection | ☐ Sedation |
| ☐ Frenectomy | ☐ Trauma | ☐ Bone Graft/Sinus Lift |
| ☐ PreProsthetic | ☐ TMJ | ☐ Sleep Apnea |
| ☐ Wisdom Teeth | | |



SPECIAL INSTRUCTIONS: _____

Phone: 801-277-3942 / Fax: 801-277-4505 / Office@hopkinoralsurgery.com / Hopkinoralsurgery.com