



# ORAL SURGERY OF ALAMO RANCH

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Referred by: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Language:  English  Spanish  Other \_\_\_\_\_

### REFERRING FOR

- Third Molar Extraction  Implants  Orthodontic Exposure & Bracket  Other \_\_\_\_\_  
 Extraction  Biopsy  Orthognathic Surgery

### NOTES

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### RADIOGRAPHS

- Being Mailed  
 Being Emailed

### SPECIAL INSTRUCTIONS

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Return form to:

P: (210) 695-5004 | F: (210) 695-1661  
 E: aos2@oralsurgerysatx.com

PLEASE REMOVE THE **PERMANENT TEETH** INDICATED HERE

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	
<b>R</b>	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	<b>L</b>
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	<b>32</b>	<b>31</b>	<b>30</b>	<b>29</b>	<b>28</b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>24</b>	<b>23</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>19</b>	<b>18</b>	<b>17</b>	

PLEASE REMOVE THE **PRIMARY TEETH** INDICATED HERE

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	
<b>R</b>	E	D	C	B	A	A	B	C	D	E	<b>L</b>
	E	D	C	B	A	A	B	C	D	E	
	<b>T</b>	<b>S</b>	<b>R</b>	<b>Q</b>	<b>P</b>	<b>O</b>	<b>N</b>	<b>M</b>	<b>L</b>	<b>K</b>	



# ORAL SURGERY

## OF ALAMO RANCH

THIS TIME IS RESERVED SPECIALLY FOR YOU. IF YOU MUST CANCEL YOUR APPOINTMENT, PLEASE NOTIFY US AT LEAST ONE DAY IN ADVANCE. THANKS!

- We will see you for an evaluation prior to scheduling your oral surgical procedure.
- Minors MUST be accompanied by parent or legal guardian.
- Please bring a list of all current medications.
- Please bring a list of any drug or medical allergies.
- Call if you have any questions before your appointment.
- Please call our office BEFORE your appointment to discuss insurance (medical & dental) filing instructions.
- Payment is expected at the time of the initial consultation. We will be happy to assist you with making financial arrangements for your continued care.