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PLEASE READ CAREFULLY: 1. Bring this form with you to your appointment

2. Please attach insurance information

3. Fill out New Patient Forms at SierraOaksDental.com (new patients only)

Appointment Information: Minors MUST be accompanied by a parent or legal guardian. This time is reserved specifically for you. If you are unable to keep this appointment, kindly notify us at least 72 hours in advance to avoid a cancellation charge.

Today's Date: _____ Appt. Date: _____ Appt. Time: _____

Patient's Name: _____

Patient's Phone: _____

Referring Doctor: _____

Referring Doctor's Phone: _____

Please Mark (x) If for Extraction

				A	B	C	D	E	F	G	H	I	J				
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

- ☐ Extraction
- ☐ Implant Consultation
- ☐ Orthognathic Surgery
- ☐ TMJ Consultation Evaluation
- ☐ Apicoectomy
- ☐ Preprosthetic Surgery

- ☐ Bone Grafting
- ☐ Sinus Augmentation
- ☐ Biopsy
- ☐ Crown Lengthening
- ☐ Incision and Drainage of Abscess
- ☐ Other: _____

Remarks/Special Instructions: _____

