James M. Eyre, Jr., D.M.D., M.D.
Diplomate of American Board of Oral and Maxillofacial Surgery

Travis J. Hamilton, D.M.D., M.D.
Diplomate of American Board of Oral and Maxillofacial Surgery

WILLAMETTE VALLEY
ORAL & MAXILLOFACIAL
SURGERY INC.

Park Place Building • 250 Church Street S.E., Suite 102 • Salem, Oregon 97301
(503) 581-1999 • Fax (503) 581-1107
www.SalemOralSurgery.com

Patient Name _____ Phone _____

Referring Doctor _____ Date _____

X-rays: ❑ Sent with patient ❑ Emailed
❑ Mailed ❑ None available, please take

SERVICES

❑ CONSULTATION

- ❑ Extractions
- ❑ TMJ
- ❑ Facial Trauma / Reconstruction
- ❑ Implants – Craniofacial
- ❑ Implants – Dental
- ❑ TADS
- ❑ Orthognathic Surgery
- ❑ Cosmetic Surgery
- ❑ Tooth Exposure / Bonding
- ❑ Biopsy / Pathology
- ❑ Skin Lesion
- ❑ Botox / Fillers
- ❑ Other (see below)

PROCEDURES

❑ REMOVE CIRCLED TEETH

PERMANENT

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

RIGHT DECIDUOUS **LEFT**

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

❑ COMMENTS _____

Your appointment has been scheduled for:

Date _____ Time _____

INSTRUCTIONS TO PATIENT:

1. Please bring **all** dental and medical insurance information with you if you wish our office to bill your insurance company for you. **Full payment of estimated co-payments are expected at time of treatment.**
2. Please advise us prior to appointment if Pre-Med antibiotic is required for heart condition or joint prosthesis.
3. Patients under the age of 18 **must** be accompanied by a parent or legal guardian.
4. When scheduling please inform us if you are on a blood thinner.

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