



VILLANO

oral • maxillofacial • implant surgery
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Board Certified-
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American Board
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Maxillofacial Surgery

Board Certified-
Diplomate of the
National Dental Board
of Anesthesiology

Fellow of the
American Dental
Society of
Anesthesiology



T R E A T M E N T R E F E R R A L

Today's Date _____

Patient Name _____ Phone _____

Patient Address _____

Email _____

Billing Information _____

Referred by Dr. _____

Appointment Date _____ Time _____

Please include a copy of the patient's Health History Forms

- For
- | | |
|---|---|
| <input type="checkbox"/> CONSULTATION | <input type="checkbox"/> X-RAY |
| <input type="checkbox"/> DENTAL IMPLANTS | <input type="checkbox"/> REMOVAL OF TEETH |
| <input type="checkbox"/> EXAMINATION & BIOPSY | <input type="checkbox"/> ORTHOGNATHIC SURGERY |
| <input type="checkbox"/> MAXILLOFACIAL TRAUMA | <input type="checkbox"/> MAXILLOFACIAL RECONSTRUCTION |
| <input type="checkbox"/> TMJ EVALUATION | <input type="checkbox"/> IMMEDIATE DENTURE |
| <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> DENTAL EXTRACTIONS | |

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

DECIDUOUS

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

Patient should not have food or fluids after midnight or 8 hours before coming to the office for a **general anesthetic**

Remarks _____
