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 20700 Lake Chabot Road, Suite 201 • Castro Valley, California 94546 • Tel (510) 581-6600 • Fax (510) 538-1689

Today's Date: _____

Introducing: _____

Referring Doctor: _____

Referring Office Phone: _____ Fax: _____

Patient Phone: _____

PLEASE MARK TEETH TO BE TREATED

UPPER

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

LOWER

Patients are requested to **stop** pain medications 12 hours before consultation appointment.

REQUESTED EVALUATION

- | | |
|---|--|
| <input type="checkbox"/> Vital/Necrotic Pulp Exposure | <input type="checkbox"/> Tooth Opened |
| <input type="checkbox"/> Biting Tenderness | <input type="checkbox"/> Thermal Sensitivity |
| <input type="checkbox"/> Abscessed/Necrotic | <input type="checkbox"/> Prior RCT |
| <input type="checkbox"/> Fistula | <input type="checkbox"/> Carious Exposure |

TREATMENT DESIRED

- | | |
|---|--|
| <input type="checkbox"/> Please leave post space | <input type="checkbox"/> Please leave pot holes. |
| <input type="checkbox"/> Please build-up as appropriate | |
| <input type="checkbox"/> Please use material with contrasting color for build-up | |
| <input type="checkbox"/> CROWN/BRIDGE ON TEMPORARILY. PLEASE REMOVE PRIOR TO TREATMENT. | |
| <input type="checkbox"/> Patient has vague pain, please evaluate and treat as required. | |
| <input type="checkbox"/> Patient anesthetized today with _____ | |
| <input type="checkbox"/> Patient premedicated today with _____ | |
| <input type="checkbox"/> SPECIAL INSTRUCTIONS: _____ | |

MEDICAL HISTORY

Needs Antibiotic Premed.

On Blood-Thinners (Coumadin)

INSTRUCTIONS TO PATIENTS

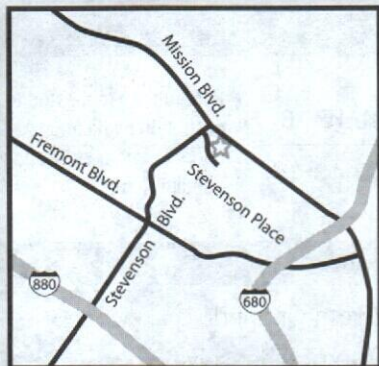
1. Please bring with you:
 - a. Current list of medications you are taking
 - b. Drug allergy information
 - c. Dental insurance (Dental insurance card if you have one.)
2. Please STOP pain medications 12 hours before consultation appointments

DIRECTIONS TO OUR TWO OFFICES

FREMONT

39572 Stevenson Pl. • Ste.121 • Fremont, CA 94539

Phone: (510) 794-6600 Fax: (510) 794-1525



From 1-880:

Take the Stevenson Blvd. exit heading east towards the hills. Turn right onto Stevenson Place.

From 1-680 North/South:

Take Mission Boulevard heading north with the hills on your right. Turn left onto Stevenson Blvd., then an immediate left onto Stevenson Place.

CASTRO VALLEY

20700 Lake Chabot Rd. • Ste.201 • Castro Valley, CA 94546

Phone: (510) 581-6600 Fax: (510) 538-1689

From West:

Take I-238 toward 1-580 E. Castro Valley/Stockton. Take the Castro Valley Boulevard exit toward Hayward. Merge onto Castro Valley Boulevard via the exit on the left. Turn left onto Lake Chabot Road.

From East:

Take I-580 West toward Oakland. Take the Strobidge Ave. exit. Turn right onto Castro Valley Blvd. Turn left onto Lake Chabot Road.

