



JF Lopez DDS, MD, RPh, PA
Oral and Maxillofacial Surgery

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 Houston, Texas 77056
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Date: _____

Patient: _____ Phone: _____ DOB: _____

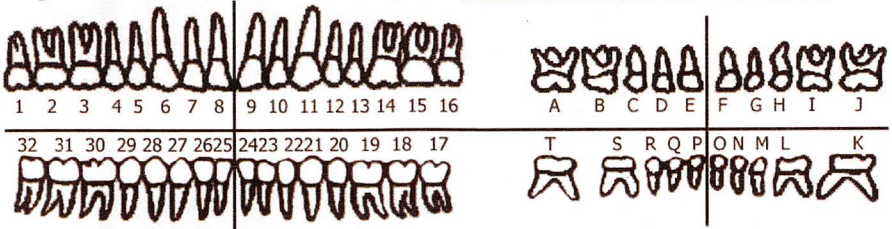
Referring Doctor: _____ Phone: _____

Chief Complaint: _____

Past Medical History:

- Non-Contributory **Patient on Coumadin® or other blood thinners**
- Cardiac problems or uncontrollable hypertension
- Other _____
- Premedication Needed**

Diagnosis and Examination Findings: *Please circle teeth to be extracted*



Evaluate for:

- Alveoloplasty
- Biopsy
- Frenectomy
- Apicoectomy
- Incision & Drainage
- Soft Tissue
- Hard Tissue
 - Crown Lengthening
 - Other _____
- Other _____

Consultation:

- TMJ
- Implant
- Cancer Screen / Eval

Remarks or Special Instructions:

Dr. _____

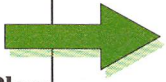
I-10 HWY

Chimney Rock



San Felipe

**Oral and Maxillofacial
Surgery**



**1770 St. James Place
Suite 512**

St. James Pl.

Yorktown

Sage

Postoak Blvd

610 HWY

Chimney Rock

Westheimer

**Galleria
Mall**