



ANTHONY LIZANO, D.D.S.
 DIPLOMATE, AMERICAN BOARD OF
 ORAL IMPLANTOLOGY/IMPLANT DENTISTRY

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 Phone: (925) 838-1109
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Date: _____

Appointment: _____

Patient's Name: _____

Patient's Phone No: _____

1 Referred for extraction of teeth indicated

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

Other Instructions: _____

Referred by Dr. _____

Phone: _____

2 Ridge preservation graft (circle one):



YES NO Please Evaluate

3 Evaluate for implants in these sites: _____

to support (circle one):

Fixed Removable Please
 Prosthesis Prosthesis Evaluate

Please inform Dr. Lizano of any special health concerns prior to surgery appointment.