

ORAL & FACIAL SURGERY

Dr. Stephen W. Holm
Dr. Sherdon W. Cordova
www.lewistonpullmanoralsurgery.com

444 Thain Rd. 1256 SE Bishop Blvd, Suite I
 Lewiston, ID 83501 Pullman, WA 99163
 Office: 208-743-1640 Office: 509-330-5020
 Fax 208-743-1643 Fax: 509-330-5028
 swhoms@gmail.com pullmanoms@gmail.com

Patient's Name _____

Patient Contact Phone # _____

Patient's Birthdate _____

INSURANCE INFO: _____

Referred by Dr. _____

Current Radiograph:
 Please Take One Sent with Patient Mailed with Referral

Please Mark The Teeth To Be Treated

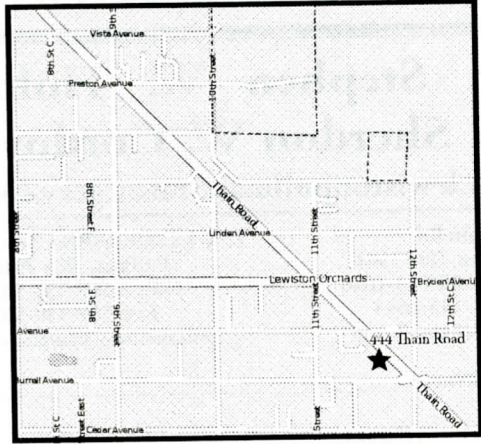
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
A B C D E				F G H I J													
DECIDUOUS TEETH																	
R																	L
T S R Q P				O N M L K													
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

Instructions: _____

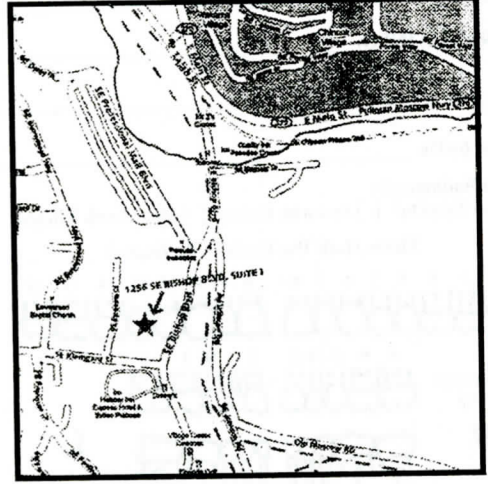
- **Your initial visit is for consultation only.**
- Except for occasional cases of emergency, an initial visit will be scheduled to meet one of our doctors and to discuss any current health issues.

Map and Instructions are on Back

444 Thain Road • Lewiston, ID 83501



1256 SE Bishop Blvd, Suite I • Pullman, WA 99163



INSTRUCTIONS TO PATIENTS

1. Please report 15 minutes prior to appointment to register.
2. This appointment is for consultation; we will evaluate your condition and discuss treatment options.
3. Payment is due at the time of service; please bring your insurance information.
4. Minors are to be accompanied by a parent or guardian at the first appointment.
5. If your doctor is sending x-rays, please arrange for them to be here at the time of your appointment.
6. Please bring a list of your medications, including dosages.
7. If sedation is planned, please ask for instructions.
8. Please call if you have any questions.
9. Please bring your insurance information with you to this first appointment. During this first visit we will