



**Dr. Victor T. Pak**  
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**PATIENT REFERRAL FORM**

Appointment information: This time is reserved specifically for you: if by necessity, you must change your appointment, please notify us at least one day in advance.

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ PH# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_ PH# \_\_\_\_\_

- Please Take Films     Emailed (contact@turlockoms.com)     Mailed
- Extractions     Implants
- Alveoplasty     Frenectomy     Pathology     Other
- Remote     Immediate

*Please circle teeth to be extracted*

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

Give us information regarding your plans for patient: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIRST APPOINTMENT:** This will be for examination / consultation. In most instances the patient is seen first for examination, review of the health history, and to decide the most appropriate anesthesia. Any surgery necessary will be scheduled at a separate appointment.

**TURLOCK  
OFFICE**

