



**JEFFREY W. DONGIEUX, D.D.S.**

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Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Phone number: (\_\_\_\_\_) \_\_\_\_\_

Referred By: \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Services Requested:

- |                                            |                                                 |                                                  |
|--------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Consultation      | <input type="checkbox"/> Implant                | <input type="checkbox"/> General Anesthesia      |
| <input type="checkbox"/> Extraction        | <input type="checkbox"/> Alveoloplasty          | <input type="checkbox"/> IV Sedation             |
| <input type="checkbox"/> Impaction         | <input type="checkbox"/> Pre-Prosthetic Surgery | <input type="checkbox"/> Local Anesthesia        |
| <input type="checkbox"/> Surgical exposure | <input type="checkbox"/> Apicoectomy            | <input type="checkbox"/> Need X-ray              |
| <input type="checkbox"/> Infection         | <input type="checkbox"/> Orthognathic Surgery   | <input type="checkbox"/> X-ray mailed            |
| <input type="checkbox"/> Biopsy            | <input type="checkbox"/> TMJ                    | <input type="checkbox"/> X-rays given to patient |
|                                            | <input type="checkbox"/> Other                  |                                                  |

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

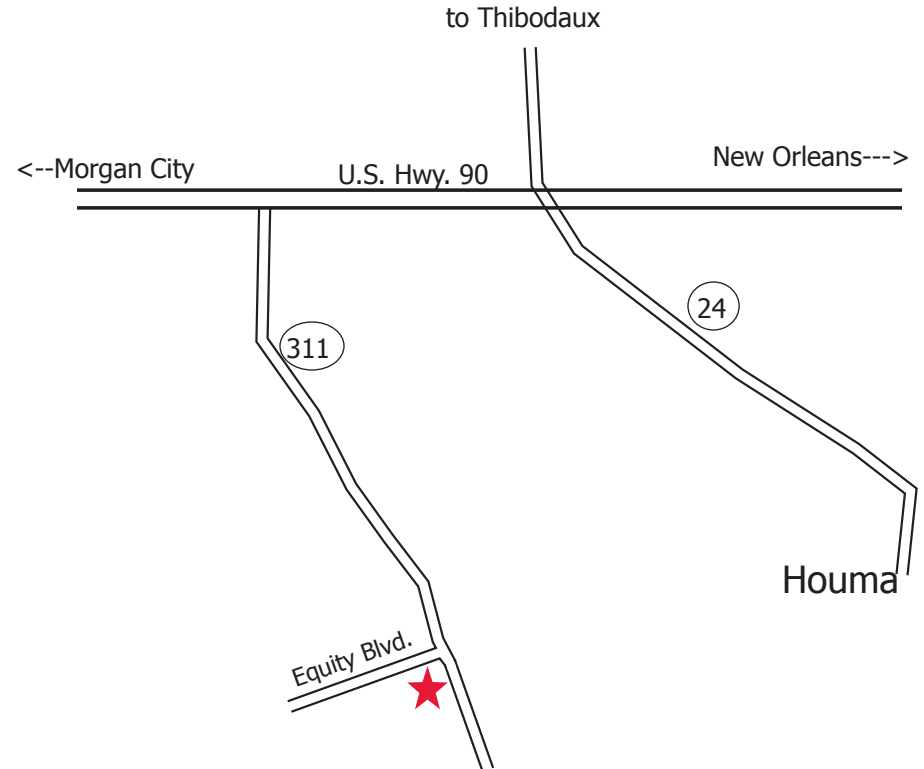
Remarks:

Appointment Requested:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Map and Consultation Information on back*

**In most cases when a patient desires sedation, it is necessary to see the patient for a consultation appointment prior to the day of surgery.** The consultation appointment is reserved for you to discuss your health and the indicated surgery, as well as to set aside an appointment time for surgery. If for any reason, the consultation or surgical appointment cannot be kept, please notify us 24 hours in advance, so that others may use the time reserved. Minors **MUST** be accompanied by a parent or guardian.



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