



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"/> Alveoplasty | <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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