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Referred by Dr. \_\_\_\_\_  
Date referred: \_\_\_\_\_

Pt Name: \_\_\_\_\_  
Pt phone: \_\_\_\_\_

- Extraction/s
- Implants
- Expose/Bond
- Pathology
- Tori/Alveoplasty
- 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
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			

Notes: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*For sedation, please do not eat or drink for 8 hours before surgery. A responsible driver must escort you to and from the surgery.

Check us out before arriving: [nelsonOS.com](http://nelsonOS.com)

- Please bring this slip with you to your appointment.
- Minors (17 and under) must be accompanied by a parent or legal guardian.
- Have insurance information with you.
- Bring names and dosages of any medication you currently take.
- Brush teeth and rinse mouth prior to your appointment.