



**David Cundick, DDS**  
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**Appointment Information**

This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify us at least one day in advance.

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

DOB: \_\_\_\_\_ Telephone: # \_\_\_\_\_

Patient: \_\_\_\_\_

Insurance: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Welcome to San Juan Oral & Facial Surgery**

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

1. The initial visit, with the exception of certain emergency cases, is for consultation only. This enables us to fully evaluate your problems and tailor the care to your specific needs.
2. Unmarried patients under eighteen (18) years of age, must be accompanied by a parent or legal guardian at the time of the initial consult.
3. Please bring all pertinent medical information and a list of all medications you are currently taking.

Please circle teeth to be treated

UPPER RIGHT								UPPER LEFT							
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
LOWER RIGHT								LOWER LEFT							

**Deciduous**

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

- Extraction
- Other Procedures:**
  - Alveoloplasty
  - Infection
  - Expose and Bond
  - Frenectomy
  - Lesion Evaluation
- Consultation:**
  - Implants
  - Skin Lesions
  - Orthognathic Evaluation
  - TMJ
- Radiographs:**
  - Being Mailed
  - No X-Ray
  - Given to Patient
  - Please return
  - Obtain Panoramic film for our office

Remarks or special instructions: \_\_\_\_\_

\_\_\_\_\_