

SAOMSA

San Antonio Oral & Maxillofacial Surgery Associates, P.A.



**James B. Mazock,
DDS, FACOMS**



**Rolando Salazar,
DDS, MSD**



**J. Preston Coleman,
DDS**

Date: _____ / _____ / _____

Patient Name: _____

Phone: (____) _____ - _____

Call Patient to Schedule

Appointment Date: _____ / _____ / _____

Time: _____ am/pm

Referring Doctor: _____

- Evaluation of Third Molars
- Dental Implant #: _____
- Please extract #: _____
- Pre-Prosthetic Surgery
- Surgical Endodontics (Apico)
- Oral Pathology Evaluation/Biopsy Area: _____
- Orthognathic/Reconstructive Surgery Evaluation
- Facial Trauma Evaluation/Treatment
- Botox
- Other: _____

Remarks: _____

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

Recent Radiographs:

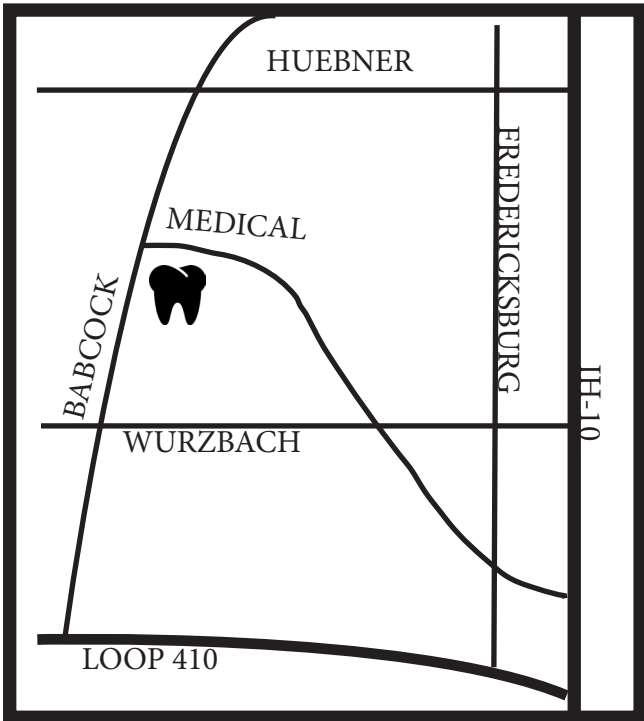
- Please Take
- Mailed to SAOMSA
- Accompanying Patient

Specific Instructions: _____

Please call referring Doctor before starting treatment.

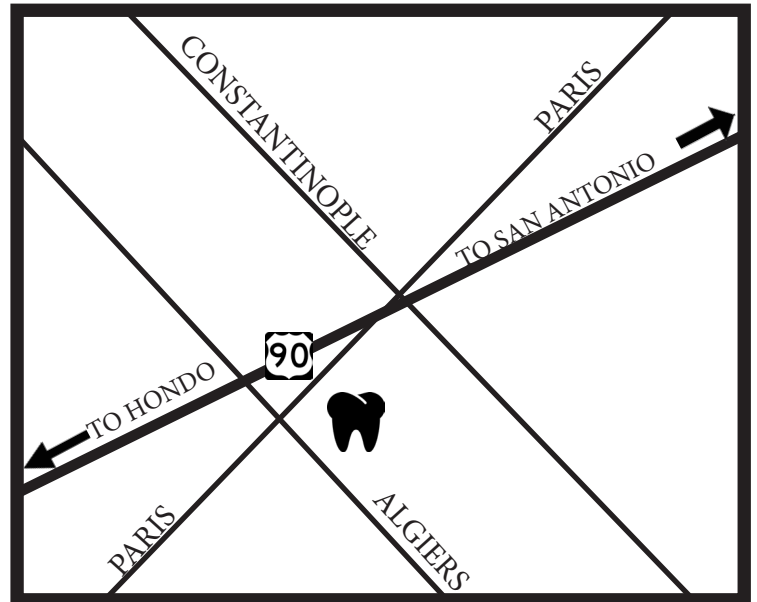
Please ask patients to visit www.saomsa.com to access the new patient information forms which need to be filled out and brought to the first appointment.

LOCATIONS



MEDICAL CENTER LOCATION
5282 MEDICAL DR., SUITE 316
SAN ANTONIO, TX 78229
Phone : (210) 696-7500
Fax: (210) 692-0248

CASTROVILLE LOCATION
1014 PARIS STREET, STE. A
CASTROVILLE, TX 78009
Phone: (830) 538-9800
Fax: (830) 538-9801



PECAN VALLEY LOCATION
4025 E. SOUTHCROSS
BUILDING 1, SUITE 5
SAN ANTONIO, TX 78222
Phone: (210) 337-8600
Fax: (210) 337-8606

