



CONTRACTED DENTAL INSURANCE

- Aetna PPO
- BC/BS PPO
- Connection Dental
- Delta Dental
- Delta Dental Retiree
- Dentemax-BC/BS Advantage PPO
- Humana PPO
- TDA/Banner TDA PPO
- United Concordia

DISCOUNT PLANS

- Aetna Discount Plan
- 5 Star

MEDICAL INSURANCE

- Blue Cross Blue Shield PPO

*" We do accept out of network PPO Insurance.
The patient portion or deductible may be higher.
Due to the limitations of this plan,
we are not Medicare providers."*

***So that we can best help you with your plan,
please have insurance information
available when making an appointment.***

Brookside Bell Professional Park
15276 W. Brookside Lane #141, Surprise, AZ 85374
Phone: 623-584-3098 • Email: office@surpriseazoralsurgery.com
www.surpriseazoralsurgery.com

Surprise



ORAL & IMPLANT SURGERY

Alexander N. Nguyen, DDS

Board Certified Oral & Maxillofacial Surgeon

Phone: 623-584-3098 • Fax: 623-584-1153

Email: office@surpriseazoralsurgery.com

15276 W. Brookside Lane • Suite #141 • Surprise, AZ 85374

WWW.SURPRISEAZORALSURGERY.COM

Patient Name: _____

DOB: _____

DATE: _____

Consultation / Procedure:

- All on X
- Zygomatic / Pterygoid
- Implants
- Bone Graft / Sinus Lift
- Exposure / Bracket
- Tori Removal
- Other _____
- Third Molars
- Alveoplasty
- CT Scan
- Extractions
- Incision / Drainage
- Biopsy / Pathology

NOTE: Indicate teeth to be evaluated/treated with a *circle*. Indicate missing teeth with **X**

	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																

	3	2	3	1	3	0	2	9	2	8	2	7	2	6	2	5	2	4	2	3	2	2	2	1	2	0	1	9	1	8	1	7
	T	S	R	Q	P	O	N	M	L	K																						

Radiographs:

Patient to bring to appointment

Emailing: office@surpriseazoralsurgery.com

Please take Radiograph

Remarks: _____

Dentist Name: _____

Office Name: _____

Dentist's Signature: _____

Please have insurance information available when making appointment