



ORAL & IMPLANT SURGERY

Alexander N. Nguyen, DDS

Board Certified Oral & Maxillofacial Surgeon

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WWW.SURPRISEAZORALSURGERY.COM



Patient Name: _____

DOB: _____ DATE: _____

Consultation / Procedure:

- Checkboxes for various procedures: 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. Grid with letters A-J and numbers 1-17.

Radiographs:

- Checkboxes for 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



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
- MetLife
- Cigna

DISCOUNT PLANS

- Aetna Discount Plan

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
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