PRACTICE LIMITED TO
ORAL AND MAXILLOFACIAL SURGERY

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Introducing _____

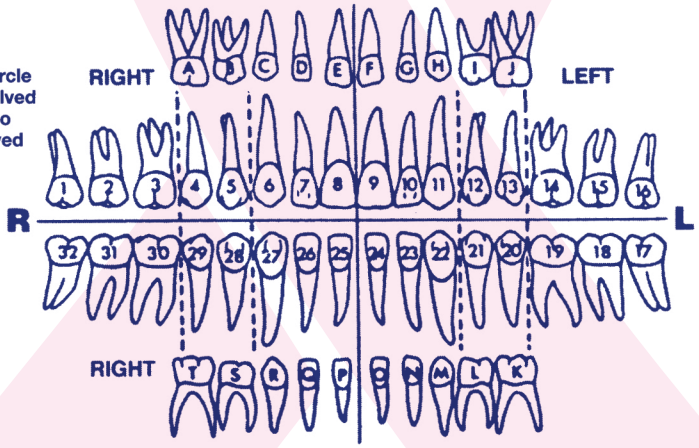
Patient's Phone No. _____

Referred by Doctor _____

Appointment _____
Day Date Time

X-Ray Sent: With Patient _____ By Mail _____

Please circle area involved or teeth to be removed



❑ Extractions ❑ Implants ❑ Orthognathic ❑ Fracture ❑ Biopsy

REMARKS: _____

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Medical Alerts _____

INSTRUCTIONS FOR ALL PATIENTS

1. Please bring this slip for your appointment.
2. Minors must be accompanied by a parent or guardian.
3. Thoroughly brush your teeth and rinse your mouth before arriving. A clean mouth heals faster and helps avoid infection.

SPECIAL INSTRUCTIONS FOR GENERAL ANESTHESIA OR SEDATION PATIENTS

1. DO NOT EAT OR DRINK ANYTHING for 8 hours prior to your appointment (including water). The evening prior to surgery eat a light, easily digestible meal. NO ALCOHOL.
2. Bring someone to drive you home.
3. Please wear short-sleeved clothes that are loose, cool and comfortable.