Request for Consultation and Treatment

Patient: _____

Appointment Date: _____ Time: _____

- ☐ Aesthetic Facial Surgery
- ☐ Biopsy/Oral Pathology
- ☐ Dental Impants
- ☐ All-on-four Implants
- ☐ Orthognathic/Reconstruction
- ☐ TMJ surgery evaluation

☐ Extractions ☐ Implants ☐ Apicoectomy

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

_____

_____

Date: _____ D.D.S./D.M.D./M.D.

Patient Instructions

1. ALL patients having more elective treatment than a single extraction and ALL patients requesting general anesthesia or intravenous sedation MUST have a consultation on a day prior to treatment. Additional instructions will be given to you at your appointment.

2. Patient who desire general anesthesia or intravenous sedation must have no food or drink at least 6 hours prior to surgery except regular or prescribed medication, which can be taken with a few sips of water. A responsible adult must be present to escort you home upon discharge.

3. It is advised that all patients under age 21 have a parent or guardian present at the time of consultation and surgery. We must have an informed consent signed by parent or guardian for all patients under 18 years at the time of surgery.

4. Please bring this card with you.