T R I COUNTY
Oral Facial Surgeons, P.C. Head and Neck Surgery of Central PA

❏ 200 W. Beaver Ave., Ste. 100 • State College, PA 16801 • 814-238-0587 • 800-446-5680
❏ 27 Sandy Lane • Lewistown, PA 17044 • 717-242-0311 • 800-446-5687
❏ 930 Bellefonte Ave., Ste. 101 • Lock Haven, PA 17745 • 570-893-1702 • 1-877-446-5686

Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us at least **one day** in advance.

Date: _____ Time: _____ Day: _____

Introducing: _____

Referred by: _____

Telephone #:

Special Instructions For General Anesthetic Patients:

1. Patients who will receive a general anesthetic must have **NO FOOD OR DRINK**, including water, at least **6** hours prior to surgery.
2. You must arrange for someone to drive you home after the surgery and **DO NOT DRIVE** for the remainder of the day. Your driver must come into the office to pick you up.
3. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at the time of operation).

Please Circle Teeth to be Treated

❏ **Extraction**

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			

CONSULTATION

❏ TMJ
❏ Orthognathic Evaluation
❏ Implants

REMARKS OR SPECIAL INSTRUCTIONS:

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