

**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											LEFT					
	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	
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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