



# Oral & Facial Surgery Center

CHANGING FACES | CHANGING LIVES

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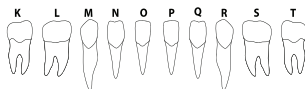
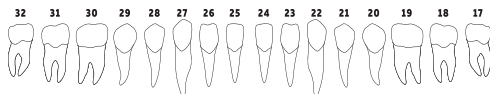
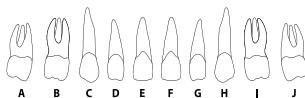
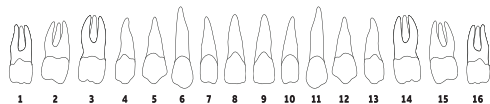
Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_



## CONSULTATION / PROCEDURE TO BE PERFORMED

\_\_\_\_\_ Surgical Extraction (as indicated)

\_\_\_\_\_ IV Sedation

\_\_\_\_\_ TMJ Pain/Surgery

\_\_\_\_\_ Orthognathic Surgery

\_\_\_\_\_ Pathology

\_\_\_\_\_ Trauma

\_\_\_\_\_ Dental Implants

\_\_\_\_\_ Neurosensory Evaluation

\_\_\_\_\_ Sleep Apnea/Snoring

Other \_\_\_\_\_

\_\_\_\_\_

★ Please be sure to email or Bring X-RAY

### Important Instructions for Patients Having General Anesthesia / I.V. Sedation

1. Do NOT eat or drink anything at least 8 hours before your appointment
2. You MUST bring a driver with you to take you home