

PATIENT: _____

APPOINTMENT DATE: _____

TIME: _____

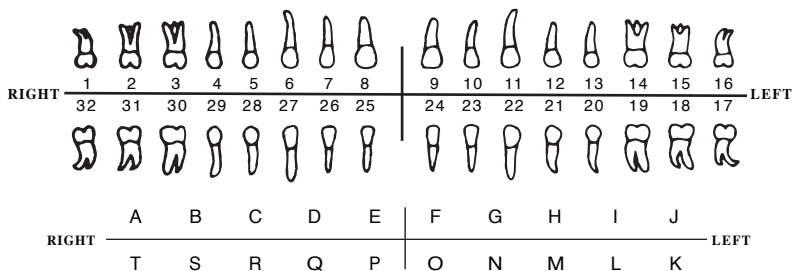
- ☐ EXTRACTIONS/DENTOALVEOLAR SURGERY
- ☐ ORTHOGNATHIC/RECONSTRUCTIVE SURGERY EVALUATION
- ☐ SURGICAL UNCOVERING
- ☐ IMPLANT(S) / PREPROSTHETIC EVALUATION
- ☐ BIOPSY / ORAL PATHOLOGY EVALUATION
- ☐ SURGICAL ENDODONTICS
- ☐ COSMETIC SURGERY EVALUATION
- ☐ ADDITIONAL INSTRUCTIONS

DATE

/

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REFERRING DR. _____



Patient Instructions

- 1) Patients anticipating general anesthesia or I.V. sedation **must not have anything to eat or drink, not even water, 8 hours** before your appointment.
 - 1a) **The night before** your appointment: (a) Eat light.
(b) Get plenty of rest.
(c) Do not drink alcoholic beverages.
 - 1b) **Arrange for someone** to come up to the office and drive you home after your appointment. You may not walk, ride a bus or take a taxi by yourself.
 - 1c) **Wear** comfortable clothing, preferably short-sleeved, nothing tight or constricting and flat-heeled shoes. Do not wear hard contact lenses, although remember to bring your glasses. Do not wear any jewelry or items of value. Our office will not be responsible for any lost items.
- 2) **Please advise our office** of any medical conditions that you may have or any prescribed medications that you are regularly taking.
- 3) **All minors** must be accompanied by a parent or legal guardian.
- 4) **Payment** is due on the day of the surgery.
- 5) **Please** bring this card with you.

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