



Oral Surgery Specialists

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www.annapolisoss.com

Introducing _____ Date _____

_____ Please call patient to schedule appointment

Home Telephone _____ Work Telephone _____

_____ Patient will call you to schedule appointment

I. TEETH TO BE REMOVED

1. Please circle teeth to be removed on tooth chart at right.

	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	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
T	S	R	Q	P	O	N	M	L	K	J

2. Is a recent panoramic x-ray or periapicals available? _____ Yes _____ No

II. CONSULTATION FOR: Implants Wisdom Teeth Other
 TMJ Pathology
 Trauma Orthognathic Surgery

Comments _____

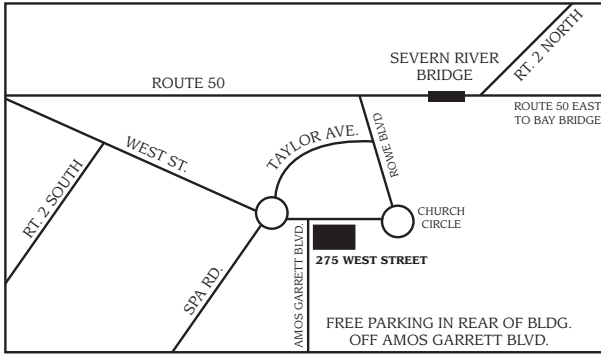
Pre-Operative Instructions for Receiving General Anesthesia

1. Do not eat or drink *anything* (not even water) for at least 8 hours prior to your appointment.
2. You must come with a responsible adult to drive you home after your appointment. Minors must be accompanied by a parent or legal guardian.
3. Wear a loose fitting shirt. If you wear long sleeves you must be able to roll them up all the way without them being too tight on your arm.
4. Please write down the names of any medications you take.
5. Please notify us if you have had a cold or have been ill in the past week.

_____ Please send us additional referral slips. Dr. _____

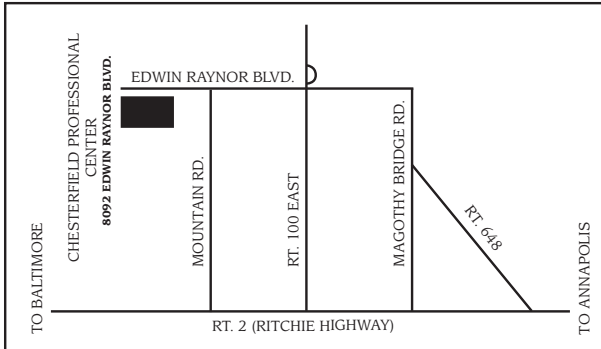


DIRECTIONS TO OUR FOUR OFFICES



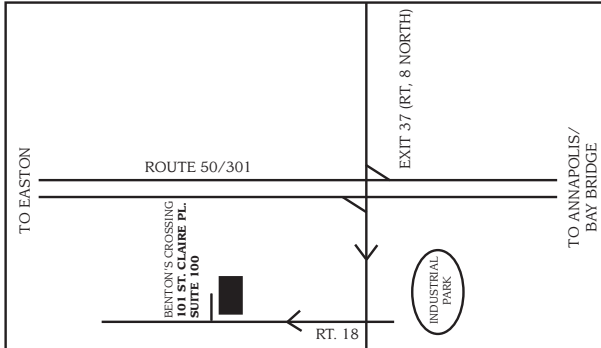
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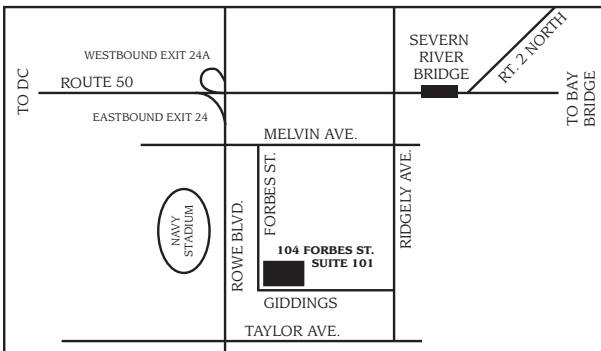
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