

## INSTRUCTIONS TO PATIENTS

You have been referred for specialized care to an Oral and Maxillofacial Surgeon. Our office will make every effort to make your visit with us a comfortable experience. The initial visit is usually set up as a consultation only. This enables us to fully evaluate your needs. Please provide the following information at the time of your consultation.

- This surgical referral card and any X-rays if applicable.
- A list of medications and dosages you are presently taking.
- If you have medical or dental insurance, bring the necessary insurance cards. This will allow us to help process any claims.
- Unmarried patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult.
- Please visit our web site at [www.deoms.com](http://www.deoms.com) and register on-line (patient information).

Introducing \_\_\_\_\_

Referred By \_\_\_\_\_

Appt Date \_\_\_\_\_ Time \_\_\_\_\_

Proposed Treatment \_\_\_\_\_

Oral Pathology/Lesion/Site \_\_\_\_\_

Dentoalveolar Surgery \_\_\_\_\_

Radiographs  Being Mailed  Given to Patient  Radiographs Needed  
 Being Emailed

### PLEASE CIRCLE TEETH TO BE TREATED

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
<b>Right</b>								<b>Left</b>							
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						