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| Date | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----|------|------|----------|---------|---------|---------|---|---|---|--------------------|----|-----------|-----------|------------|-----------|-----|-----------|-----------|-----------|
| Patient Name | | | | | | | | | | | | | | | | | | | | | |
| Phone | · | | | | | | | | | | | | | | | | | | | | |
| For: | □ Extractions □ Alveoloplasty □ Biopsy □ Facial Pain □ Implants □ Panorex □ Sleep Apnea | | | | | | | | ☐ Trauma/Facial Fractures ☐ Orthognathic Evaluation/Treatment ☐ Radiation Therapy Oral Evaluation ☐ TMJ Evaluation/Treatment ☐ Pre-prosthetic Evaluation/Treatment ☐ Pathology Consultation ☐ Facial and Cosmetic Surgery | | | | | | | | | | | | |
| Remai | ks: | | | | | | | | | | | | | | | | | | | | |
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| PATIENTS HAVING INTRAVENOUS SEDATION (patient asleep) MUST NOT HAVE any food or fluids for six hours before surgery, and MUST HAVE an adult accompany them and remain in the office. | | | | | | | | | | | | | | | | | | | | | |
| Appoi | ntn | nei | nt D | ate | <u> </u> | | | | | | | | | _ 1 | īm | e _ | | | | | |
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| Fax | | | | | | | | | | | | - | (| O R A | \L { | | IA) UR | | LOF RY | ACI | AL |