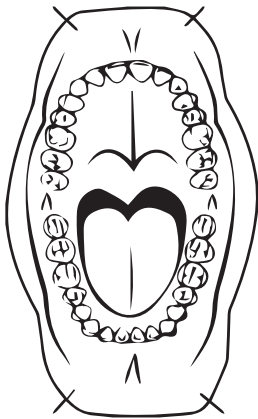


Patient Name _____ Date _____

Patient Phone _____ DOB _____

Call to appoint Patient will call Appointment made by referring doctor

Referring Doctor _____ Phone _____



	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16		
R	A B C D E							F	G	H	I	J	L						
	T S R Q P							O	N	M	L	K							
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		

- | | |
|--|--|
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Maxillary Torus Removal |
| <input type="checkbox"/> Implant(s) | <input type="checkbox"/> Mandibular Tori Removal |
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Pathology/Biopsy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tooth Exposure Only | _____ |
| <input type="checkbox"/> Expose And Bond | _____ |
| <input type="checkbox"/> Alveoloplasty | _____ |

Radiographs: Emailed: info@louisianaOIS.com
 Given to Patient Mailed Please Take

Notes: _____

INSTRUCTIONS FOR YOUR FIRST VISIT

Please bring the following to your first visit in order that we may provide you with the best care possible:

- This referral slip
- X-rays
- A list of all medications your are currently taking (including supplements)
- A list of all medical conditions you currently have or for which you are taking medication
- Photo ID + medical and dental insurance cards

INSTRUCTIONS FOR GENERAL ANESTHESIA

PLEASE NOTE: In most instances, sedation and surgery are not performed at the first appointment. Typically, the patient is seen first for consultation and surgery is scheduled for a separate appointment.

The following only applies if surgery with sedation is done at the first appointment:

- Do not eat or drink anything 8 hours prior to your surgery (**No food or drink whatsoever, including water**). **This is extremely important to ensure your safety during the procedure.**
- Please notify our office immediately if you begin to notice symptoms of upper respiratory infection (i.e. cold symptoms) prior to your appointment.
- Most daily medications may be taken prior to surgery with only a sip of water. Please call our office if you have any questions regarding your medications.
- Any patient under 18 years of age must be accompanied by a parent or legal guardian (with documentation of guardianship).
- Wear loose, comfortable clothing with sleeves that can be raised above your elbow. Avoid slippers and sandals.
- If you require corrective lenses, please wear your glasses.
- Please remove any nail polish from both index fingers prior to appointment. It may interfere with our monitoring equipment.

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME & STAY WITH YOU FOR AT LEAST EIGHT HOURS AFTER SURGERY

Please give 48 hours notice if you are unable to keep this appointment.

Call us with any questions!

