Face & Jaw
SURGERY CENTER™
Specialists in Oral and Maxillofacial Surgery

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Date: ____________________

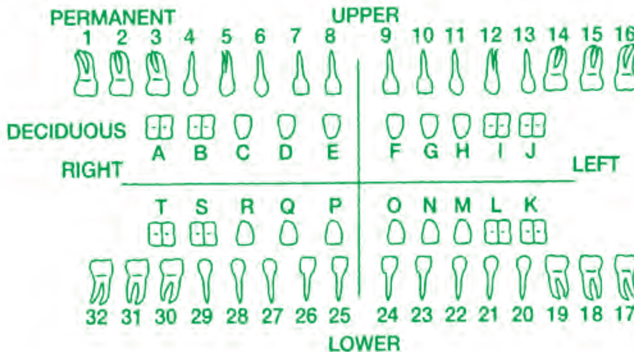
Patient: ______________________________ **DOB:** ____________________

Address: ______________________________ **Home:** ____________________

City, State: ______________________________ **Work:** ____________________

Referred by Dr.: ______________________________ **Cell:** ____________________

If teeth are to be removed, please indicate on the chart below.



- ❑ Consultation
  - ❑ Implant
  - ❑ TMJ
  - ❑ Orthognathic
- ❑ Extraction
- ❑ Surgical Impaction
- ❑ Alveoplasty
- ❑ Immediate Denture
- ❑ Apicoectomy
- ❑ Repair of Traumatic Injury
- ❑ Surgical Exposure of Impacted Teeth
- ❑ Removal of Hyperplastic Tissue
- ❑ Treatment of Cyst or Tumor
- ❑ Soft Tissue Biopsy
- ❑ Removal of Tori
- ❑ General Anesthesia or IV Sedation
- ❑ Local Anesthesia

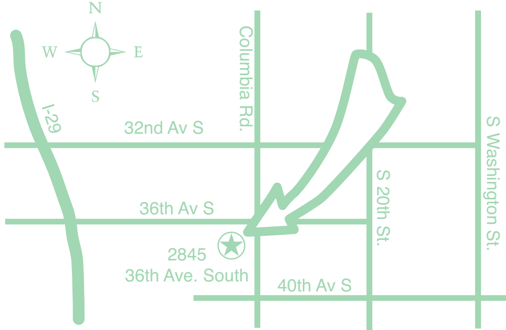
X-Rays
- ❑ Dr. to send
- ❑ Sent with patient
- ❑ Take at your office

Patient should not have food or fluids after midnight or 6 hours before coming to the office for a general anesthetic.

- ❑ **Patient has been requested to contact your office.**
- ❑ **Please contact this patient.**
- ❑ **Patient has appt. on:** ______________________________

REMARKS: ______________________________

GRAND FORKS



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