

CASE WESTERN RESERVE UNIVERSITY
Department of Oral and Maxillofacial Surgery
2123 Abington Rd
Cleveland, OH 44106

PHONE: (216) 368-2538
 FAX: (216) 368-4338

Patient's Name: _____

Date: _____

Appointment: _____

REASON FOR REFERRAL:

Extractions:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

a b c d e f g h i j
 t s r q p o n m l k

Implants: _____

Alveoloplasty/Tori: Quads (circle) UL UR LL LR

Biopsy: Location _____

Other: _____

Recent Xray enclosed: YES NO

Restorative Plan:

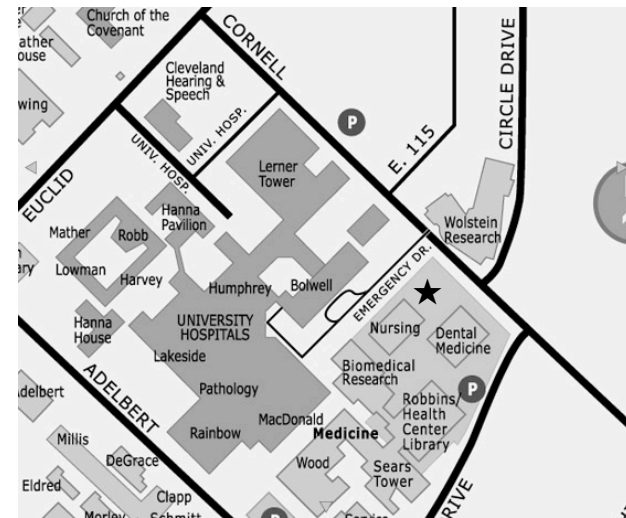
Referring Dr. _____

Phone: _____

INSTRUCTIONS:

1. Please bring any appropriate x-rays from the referring doctor, or ask that they be mailed to our office. In the event the x-ray is inadequate, another may be taken.
2. If you are presently taking or have taken medications in the past year, please bring a list of these medications with you.
3. Patients who are undergoing general anesthetic or sedation **MUST NOT EAT OR DRINK** for at least **8 HOURS** prior to their appointment (this includes all beverages and water). Failure to follow this may result in a cancellation of your surgery. If this is your first visit to the department, a consultation for general anesthesia or sedation is usually a separate appointment prior to treatment.
4. Take morning medications with a small sip of water unless otherwise instructed.
5. Following sedation or a general anesthetic, you will **NOT** be able to drive. You **MUST** have a responsible adult escort to take you home. Your escort **MUST** remain in the clinic waiting area during your procedure.

MAP:



DIRECTIONS:

The specialty clinics are located at the corner of Emergency Drive (formerly Abington Rd.) and Cornell Rd. The front entrance (★) is off of Emergency Drive. Parking is available on the ground floor with the entrance off of Circle Dr. Other parking garages are indicated on the map.