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.

DIRECTIONS:
The specialty clinics are located at the corner of Emergency Drive (formerly Abingon 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.

Patient’s Name: ______________________________________________________
Date: __________________________________________________________________
Appointment: __________________________________________________________________

REASON FOR REFERRAL:
□ Extractions: __________________________________________________________
□ Implants: __________________________________________________________________
□ Alveoloplasty/Tori: Quads (circle) UL UR LL LR
□ Biopsy: Location ______________________________________________________
□ Other: __________________________________________________________________

Recent Xray enclosed: □ YES □ NO

Restorative Plan: ______________________________________________________

Referring Dr. ______________________________________________________
Phone: __________________________________________________________________

MAP: