

Introducing.

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DOB:

Referred by:	Date:
Ins	tructions To Patients
2. If you have x-rays, please a3. Bring a list of any medicati4. If you wish to have genera	at AM/PM rrange to have them sent or bring them with you. ons and their dosage that you are currently taking anesthesia or sedation you must: rink for 6 hours prior to surgery.
(Please no gum or mint	s. Medications may be taken with a sip of water,

Referred For:

- Oral Surgery
- O General Anesthesia
- O Dental Implants
- O Reconstructive Jaw Surgery

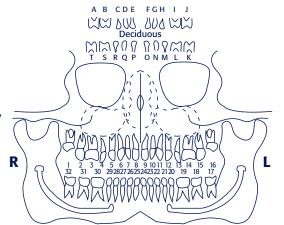
B. Bring a responsible adult to drive you home.

(Your ride must remain in the office during surgery)

5. Patients under 18 must be accompanied by a parent or legal guardian.

O Orthognathic Surgery

Additional Instructions:



17300 Outer Forty Rd. N Suite 103 Chesterfield, MO • 63005 ph (636) 536-5158

1630 Market Center Blvd. Suite 102 O'Fallon, MO • 63368 ph (636) 379-1333 1004 Schroeder Creek Blvd. Wentzville, MO • 63385 ph (636) 332-5524

156 St. Peters Centre Blvd. St. Peters, MO • 63376 ph (636) 875-1277 1487 US Highway 61 Suite B Festus, MO • 63028 ph (636) 931-8000

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