

Oral & Maxillofacial Surgery Associates

Dr. Stan Fenwick, Dr. Robert Klein
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Oral and Maxillofacial Surgeons

Oral Pathology/Oral Medicine

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Patient's Name: _____ Patient's Phone Number: _____

Referred By: _____ Date: _____

RIGHT										LEFT									
e d c b a										a b c d e									
8	7	6	5	4	3	2	1			1	2	3	4	5	6	7	8		
8	7	6	5	4	3	2	1			1	2	3	4	5	6	7	8		
e d c b a										a b c d e									

- | | |
|---|--|
| ☐ Consultation | ☐ Teeth In A Day® |
| ☐ Extractions | ☐ All on 4® |
| ☐ Wisdom Teeth | ☐ Teeth Express® |
| ☐ Pathology / Biopsy | ☐ Orthodontic Exposure ☐ Bracket |
| ☐ Orthognathic Surgery | ☐ Cone Beam CT- Must specify |
| ☐ Ridge Augmentation | Quadrant and reason |
| ☐ Dental Implants | ☐ Panorex ☐ Ceph |
| ☐ Other: | |

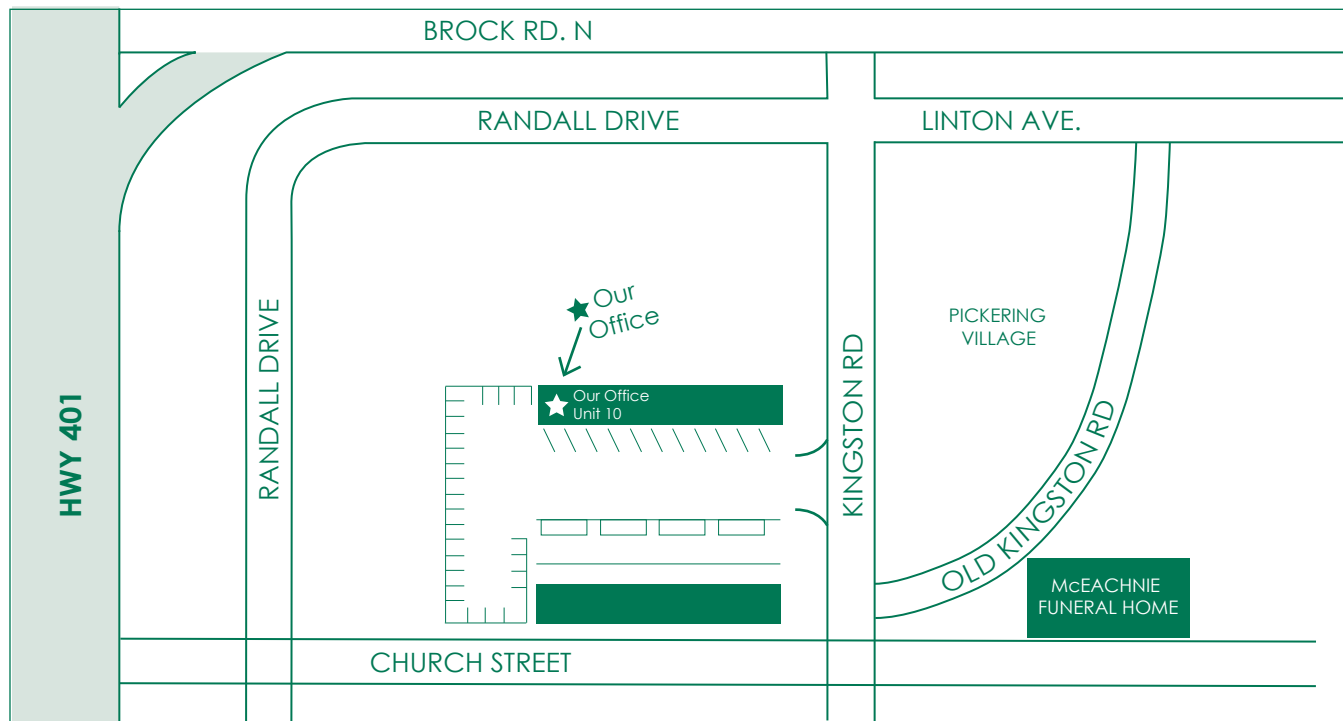
Remarks: _____

Radiographs: ☐ to be taken ☐ with patient ☐ e-mailed ☐ mailed

Patients that may have general anaesthesia or sedation should:

- 1. NOT drink or eat anything at all for 8 hours prior to surgery (medications may be taken with sips of water).**
- 2. Arrange to be driven home by a responsible ADULT, who must be in the office during the procedure. Have 2 soft gel ice packs ready at home.**
- 3. NO alcohol 1 day prior to and 1 day after general anaesthesia or sedation.**

Approximate cost: _____ (Payable day of appointment) No Cheques. Please bring one piece of I.D., Insurance Information & list of med's if taking any.



619 Kingston Rd. Unit 10, Ajax, ON L1S 6L8

(South Side of Kingston Rd in the Fitz Plaza)

Parking in front, along end and along lane

