



# MATTYDALE ORAL & FACIAL SURGERY



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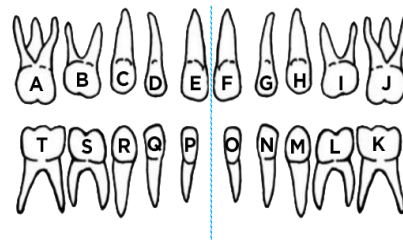
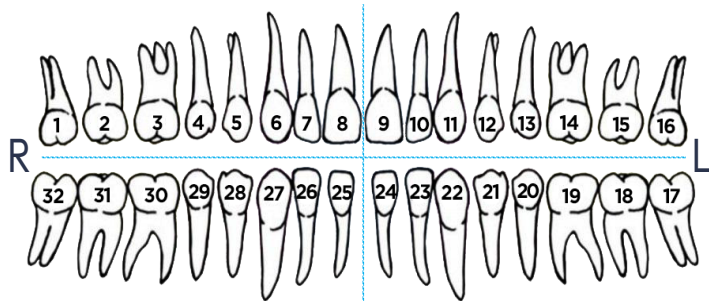
## PATIENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## MOUTH STRUCTURE & NOTES



Please Verify Teeth For Extraction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

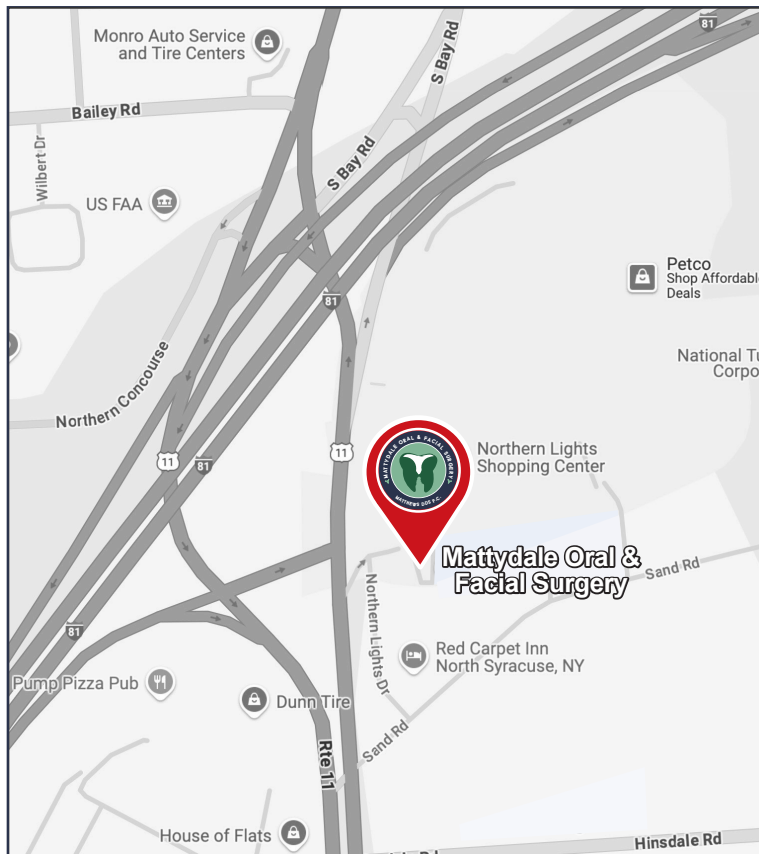
## CONSULTATION

- ☐ Extraction
- ☐ Bone Grafting
- ☐ Apicoectomy

- ☐ Wisdom Teeth
- ☐ Expose & Bond
- ☐ Pathology

- ☐ Implants
- ☐ Comments \_\_\_\_\_

## OFFICE MAP



## INITIAL VISIT

- ☐ **Your initial appointment will consist of a consultation.**  
The doctor will perform a thorough examination, review your medical history and diagnose your concerns.
- ☐ Occasionally, same-day surgeries (with IV sedation or general anesthesia) can be performed; however, complex treatment plans and medical issues may require that treatment be performed upon your next visit.
- ☐ During your appointment our treatment coordinator will discuss your treatment plan and review your insurance benefits.
- ☐ If you are considering IV sedation or general anesthesia, you **MUST NOT** eat or drink for 6 hours prior to surgery. Refrain from smoking for 72 hours prior to surgery.
- ☐ You **MUST** have a responsible escort with you to be discharged from our office.
- ☐ **Please bring the following items to your initial appointment:**
  - This referral card
  - Medical and dental insurance cards, if applicable
  - List of medications you are currently taking

