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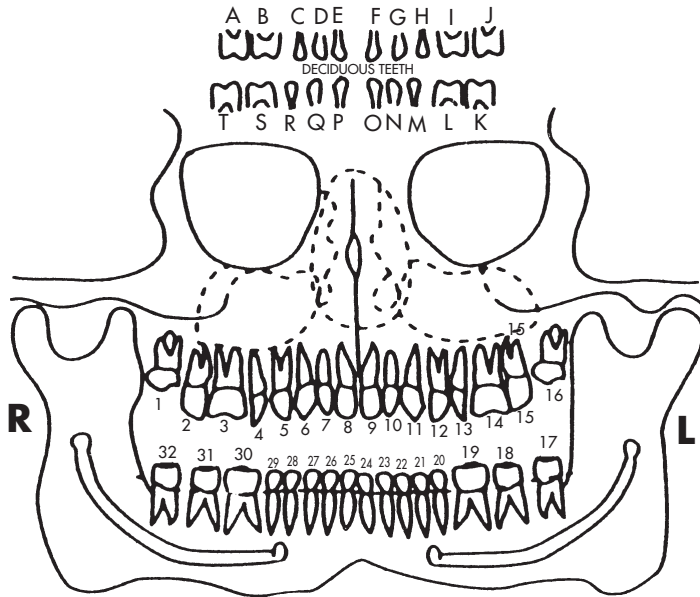
www.ofsinstitute.com

Introducing: _____

DOB: _____

Referred for:

- | | |
|----------------------------|--------------------------|
| [] Oral Surgery | [] Facial Surgery |
| [] General Anesthesia | [] Orthognathic Surgery |
| [] Dental Implants | [] TMJ Disorder |
| [] Reconstructive Surgery | [] Facial Pain |
| [] Biopsy | [] Other _____ |



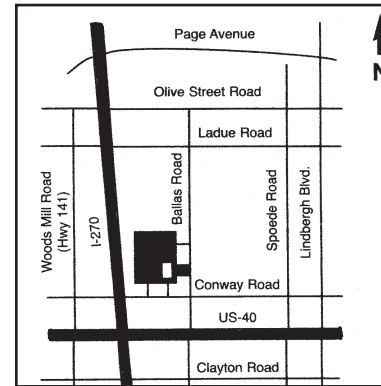
Referred by Dr.: _____

Date: _____ Phone: _____

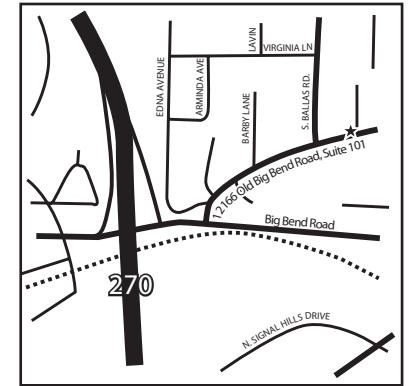
IMPORTANT: SEE REVERSE SIDE

INSTRUCTIONS TO PATIENTS

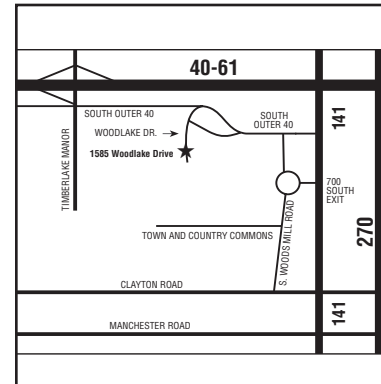
1. Your appointment is: Date: _____ Time: _____ AM/PM
2. Please bring available **x-rays** with you, or arrange to have them sent prior to your appointment with the doctor.
3. If you wish to have **general anesthesia** (go to sleep) or sedation, the following are very important:
 - Have **nothing** to eat or drink for 6 hours prior to surgery (medication may be taken with a sip of water)
 - **Bring** a responsible adult to drive you home after care
 - **Wear** something loose and comfortable.



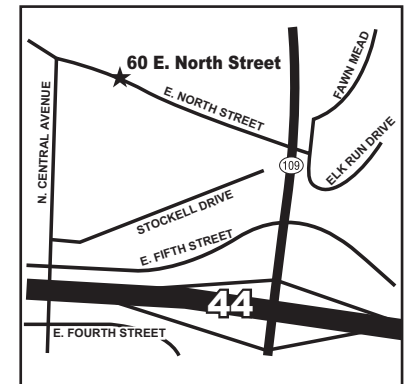
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