

NORTHERN KENTUCKY ORAL AND MAXILLOFACIAL
SURGICAL ASSOCIATES P.S.C.

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DOCTOR'S BUILDING
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TELEPHONE (859) 371-5666

Introducing

Mr./Mrs./Ms. _____
for an appointment on

Date _____ Time _____

***Please bring Dental and Medical Insurance information.**

SURGICAL EVALUATION REQUESTED:

Implants

Oral Lesion

TMJ

Orthognathic

Tooth Extraction as listed:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Comments: _____

Anesthesia Local General

If you will receive a general anesthetic, please have nothing to **EAT OR DRINK 8 HOURS** prior to your appointment and come to the office with an escort who will be able to drive you home.

Please call my office regarding this patient.

Dr. _____