

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

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www.oralsurgerynky.com

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. _____