ORAL & MAXILLOFACIAL SURGERY

DENNIS S. GIANOLI, D.D.S.
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Patient: _____ Date: _____

Date of Birth: _____ Phone: _____

Service recommended for patient:

- ❒ Exodontia
- ❒ Cyst or Tumor
- ❒ Oral Pathology
- ❒ General Anesthesia/I.V. Sedation
- ❒ Oral Preprosthetic Surgery
- ❒ Sinus Lift
- ❒ Vestibuloplasty
- ❒ Implant Surgery
- ❒ Bone Grafting
- ❒ Apicoectomy
- ❒ Socket Preservation
- ❒ Oral Soft Tissue Recontouring
- ❒ Panorex, Cone Beam
- ❒ Alveoloplasty

EXTRACTION

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

Remarks: _____

_____

Medical Considerations: _____

Patients requiring the use of **general anesthesia or intravenous sedation** cannot have any food, water or drink **after midnight** before their appointment. All patients need to be accompanied by a responsible adult. Please call our office for further information.

PLEASE BRING X-RAYS or have them EMAILED to our office.

NOTE: *If you cannot make your appointed time, please call to reschedule*

Directions to our office are on the back side of this form.