

Email xrays to: dr.karas@sbcglobal.net

In our effort to provide better patient service, please advise the patient in most cases they may come immediately to our office for an x-ray and to initiate the insurance pre-authorization process. Please fax this form to our office and give the yellow copy to the patient. **Thank you!**

INTRODUCING: _____ REFERRAL IS COURTESY OF: _____

TODAY'S DATE: _____ PATIENT ADDRESS: _____

AGE: _____ SEX: M F HOME PHONE: _____ WORK PHONE: _____

APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

ORAL SURGERY PROCEDURES TO BE PERFORMED

- Extraction, Teeth # _____
- Alveoloplasty Apicoectomy Biopsy
- Exposure Expose, bond Frenectomy
- Incision, drainage Trauma Other:

CONSULTATION FOR RECONSTRUCTIVE SURGERY

- Dental implants Facial Trauma
- Bone grafting Cleft Lip, Palate
- Distraction Osteogenesis Orthognathic Evaluation
- Other: TMJ Evaluation

CONSULTATION FOR FACIAL SURGERY

- Aesthetic facial surgery Facial lesions removal
- Scar revision Other:

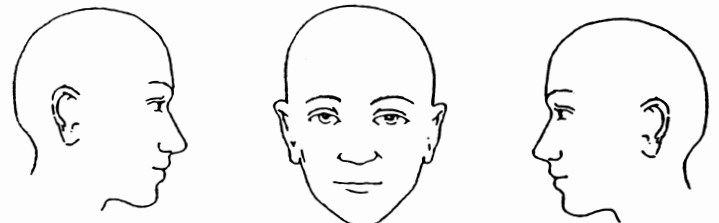
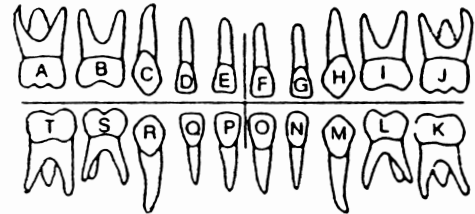
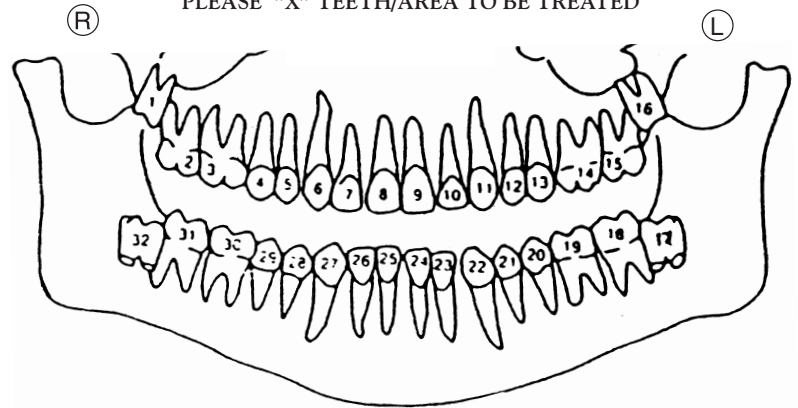
RADIOGRAPHS

- Enclosed Given to Patient Please make Emailed Xrays

DOCTOR'S COMMENTS: _____

Dr's. Signature

PLEASE "X" TEETH/AREA TO BE TREATED



TO OUR VALUED PATIENTS:

Your appointment is time specially reserved for you. If you cannot keep your appointment, please inform the office one day in advance so the time may be given to another patient.

FOR PATIENTS WITH CONSULTATION APPOINTMENTS:

1. If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.
2. If you are taking medicine of any kind, bring it with you or prepare a list of the medications(s) including dosage.

THESE INSTRUCTIONS DO NOT APPLY TO LOCAL ANESTHETIC OR "NOVOCAINE"

INSTRUCTIONS FOR PATIENTS TAKING A GENERAL ANESTHETIC OR INTRAVENOUS MEDICATION

1. Do not take anything to eat or drink 6 hours prior to your appointment: ABSOLUTELY no water, no liquids, no food of any kind.
2. Eat a light, easily digested meal the night before the operation.
3. Get plenty of rest the night before the operation.
4. Do not drink any alcoholic beverages the night before the operation.
5. Arrange for a relative or friend to accompany you home after the operation.

Minor must be accompanied by parent or legal guardian. Your ride must wait for you in our office.

6. Wear loose fitting clothing or short sleeves.
7. Please remove contact lenses prior to surgery.
8. Do not operate a motor vehicle or machinery for 24 hours following a general anesthetic.
9. Do not wear heavy makeup, jewelry or perfume on day of operation.
10. Freeze wet wash cloths to use as ice packs after surgery.
11. Have soft food and liquids on hand for after surgery.

OUR OFFICE IS LOCATED ON THE BELOW MAP. Our office staff will gladly provide additional direction for your travel to our office. Information is also available on local accommodations.

