



SOCALDSC

Practice limited to **Oral & Maxillofacial Surgery**

Patient's Name: _____ Date _____ for

Consultation Only

Consultation and Treatment

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
R																	L	
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

	A	B	C	D	E		F	G	H	I	J	
R												L
	T	S	R	Q	P		O	N	M	L	K	

Appointment Time: _____ Time: _____ A.M.
P.M.

Chief Complaint: _____

Anesthesia Preferred: General Anesthesia (going to sleep) Local Anesthesia

Special Instruction / Remarks: _____

Current X-ray: Sent by mail Sent with Patient Please take one Please return

Referred by DR: _____

Reminder: If you are having **GENERAL ANESTHESIA (GOING TO SLEEP)**

- ✓ The night before your surgery, eat a light dinner early in the evening.
- ✓ NO FOOD or DRINK (including WATER) for 6 hours before the scheduled surgery.
- ✓ Wear short sleeved and loose fitting clothing (no high heels)
- ✓ Patient must be accompanied by a responsible adult who will drive patient home. The driver should plan to remain in the office during entire dental procedure.
- ✓ All minors MUST be accompanied by a parent or legal guardian.
- ✓ Have these supplies at home: Ibuprofen-type medication. Ice pack. 2-3 pillows. Cotton swabs.

PLEASE BRING THIS CARD WITH YOU, THANK YOU.