



# DENTAL ARTS GROUP

## ORAL SURGERY

Referring: \_\_\_\_\_

Date \_\_\_\_\_

PLEASE EVALUATE TEETH MARKED  
PERMANENT

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

Right

Left

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

DECIDUOUS

Referring Doctor: \_\_\_\_\_

Notes: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Extraction     | <input type="checkbox"/> I.V. Sedation       |
| <input type="checkbox"/> Biopsy         | <input type="checkbox"/> Implant             |
| <input type="checkbox"/> Apicoectomy    | <input type="checkbox"/> Socket Preservation |
| <input type="checkbox"/> Tooth Exposure | <input type="checkbox"/> Other               |

### IMPORTANT INSTRUCTIONS TO THE PATIENT

If it is anticipated that a general anesthetic is to be used:

- 1) Omit all food and liquids for at least eight(8) hours prior to your appointment (Including water, chewing gum, candies, etc.).
- 2) All patients must have an adult over 18 years old to escort them home.
- 3) Wear low-heeled shoes and clothing that is loose fitting about your arms and neck. Leave one (1) finger free of any artificial nail or polish.
- 4) Patients taking medication should bring it with them or bring the name and dosage of each to the office.