

Fredericksburg Implant & Oral Surgery Associates

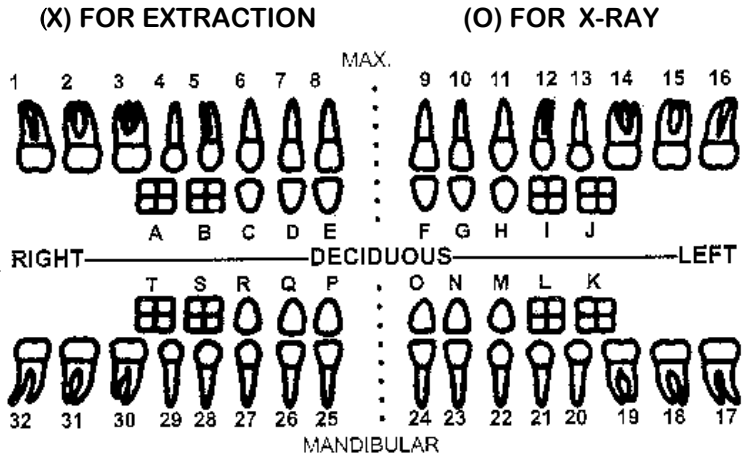
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409 Chatham Square Office Park
 Fredericksburg, VA 22405
 (540) 371-4131
 Fax: (540) 371-5621

Referred by: _____

Date _____

Patient _____ Age _____



Have x-rays been forwarded? Yes _____ No _____

- | | |
|--|--|
| <input type="checkbox"/> Wisdom teeth
<input type="checkbox"/> Extractions
<input type="checkbox"/> Exposures
<input type="checkbox"/> I-Cat 3-D Scanning | <input type="checkbox"/> Dental Implant/Graft
<input type="checkbox"/> Prosthetic Surgery
<input type="checkbox"/> Botox Cosmetic
<input type="checkbox"/> Oral Pathology |
|--|--|

Remarks: _____

APPOINTMENT DATE: _____ **TIME:** _____
 Please read important information about your appointment and our location on the reverse side of this sheet. Please bring this referral slip and any relevant x-rays with you.

Please Read This Important Information Before Your Appointment:

Your first appointment will often be a consultation appointment to determine your specific treatment needs.

Please bring all medical and dental insurance information with you.

If you take any medications or prescriptions regularly, please bring a list of the medications and the dose and frequency of each.

A parent or legal guardian must accompany patients 17 years old or younger.

If you must change your appointment, we ask that you notify us 48 hours in advance as a courtesy to other patients.

If you have been given X-rays, please bring them along with this referral slip.

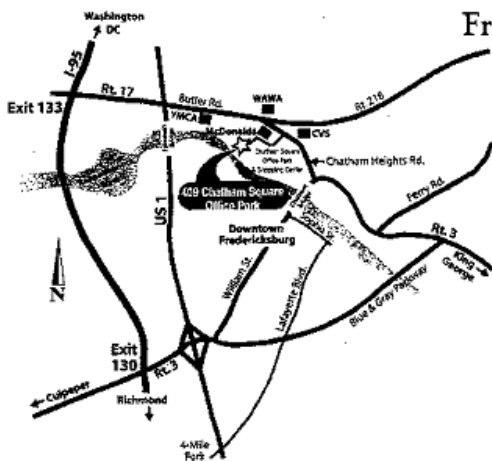
Sedation Instructions:

If you would prefer to be sedated for your surgery, TAKE NO FOODS OR LIQUIDS for 6 HOURS prior to your scheduled surgery.

If possible, remove your contact lenses prior to your appointment and wear loose, comfortable clothing with short sleeves. Please, no flip-flops.

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME AND STAY WITH YOU FOR SEVERAL HOURS.

It may be necessary to reschedule your appointment if there are unexpected medical findings or a change in the proposed dental surgery.



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