

IMPLANTIS

Oral & Facial Surgery Center

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www.SarasotaOralSurgery.com

Please fax or mail this form to our office. Thank you!

TODAY'S DATE: ____/____/____

INTRODUCING: _____ REFERRAL IS THE COURTESY OF: _____

CONTACT PHONE: _____

Oral Surgery Procedures To Be Performed

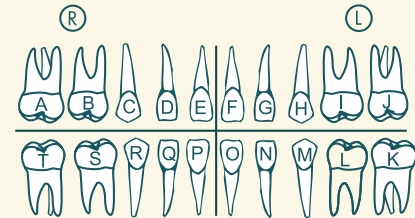
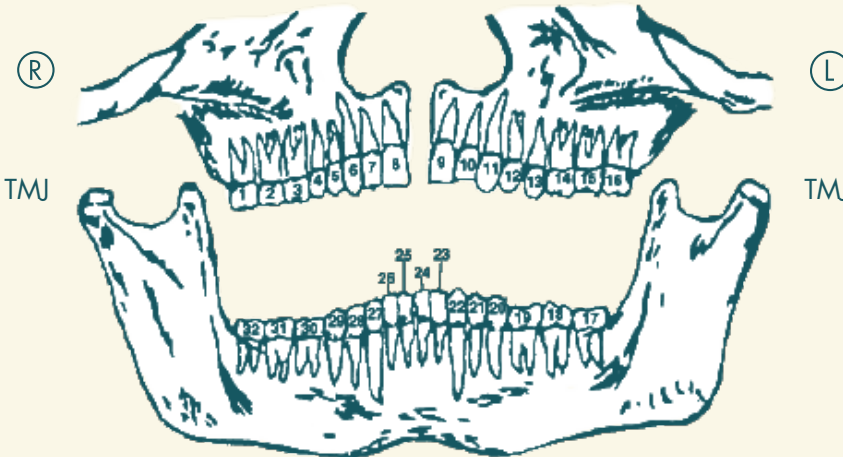
Extraction, Teeth# _____ Alveoloplasty Biopsy/Excision Expose/Bond

Would you like for us to discuss implants? Yes No Frenectomy Incision/Drainage Trauma

Please Circle Teeth/Area To Be Treated

TMJ/Facial Pain Other: _____

Permanent



Dental Implants Bone Graft Facial Trauma/Reconstructive Facial Surgery Orthognathic Evaluation

Pathology Internal/External Other _____

Radiographs

Enclosed Given to patient Please take new ones

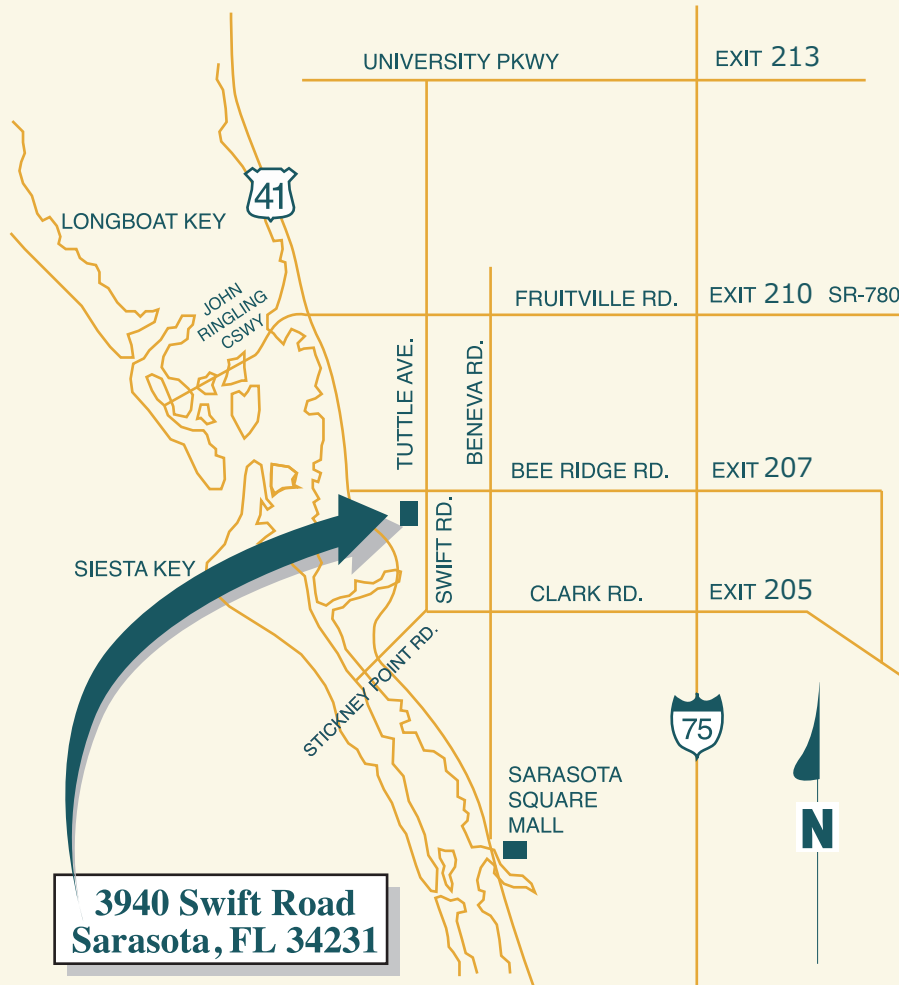
Management, Medical or Treatment Concerns: _____

For IV Sedation instructions and location map , see reverse side

Referring doctor's signature

Patients Desiring IV Sedation/General Anesthesia

1. A separate consultation appointment is generally recommended
2. Nothing to eat/drink 8 hours prior to surgery.
3. Patient must bring a driver who will wait at the office.
4. Patients should bring a list of current medications.
5. Minors must be accompanied by a parent or legal guardian.
6. Financial arrangement should be made in advance.



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J. Brian Murphy, D.D.S.
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