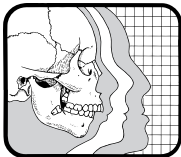


**SOUTHWEST ORAL & MAXILLOFACIAL
SURGERY, P.A.**



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Introducing _____

Referred by _____

Orthognathic surgery _____

Temporomandibular joint _____

Facial pain _____

Implant _____ Location _____

Evaluate or biopsy lesion; location _____

Other _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|
| R | A | B | C | D | E | F | G | H | I | J | L | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | T | S | R | Q | P | O | N | M | L | K | | | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

I.V. Sedation _____, local _____

SPECIAL INSTRUCTIONS FOR INTRAVENOUS SEDATION PATIENTS

1. Do not eat or drink for six hours before scheduled appointment.
2. Bring someone to accompany and drive you home.
3. Wear clothes that are loose-fitting, comfortable, and cool.
4. Minors must be accompanied by parent.
5. Bring a completed insurance form with you.
6. Brush your teeth prior to your appointment.

