



CARNEGIE

ORAL & MAXILLOFACIAL SURGERY

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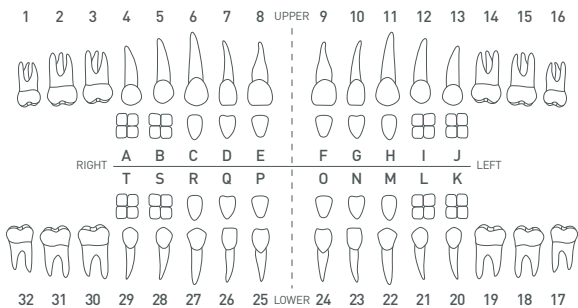
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PATIENT: _____

DOCTOR: _____

PLEASE EVALUATE/TREAT THE FOLLOWING TEETH:



Consultation: Extraction: _____

Wisdom teeth Apicoectomy TMJ Exposure

Orthognathic Surgery Pathology: _____

Other: _____

Dental implants: _____

Sinus lift Bone grafting Socket grafting

Remarks: _____

NOTES TO PATIENT

Please bring the names and dosages of ALL medications you are currently taking.

If **general anesthesia** is required, please follow these instructions:

- 1** Please **do not eat or drink anything for 6 hours** prior to your surgery.
- 2** You are not allowed to drive after general anesthesia. Please **have someone escort you home** after the procedure.
- 3** Unless otherwise instructed, please **take all of your normal medications as scheduled**. *If you have a question about your medications, please call our office to speak with our doctor.*