



Northwest Oral and Facial Surgery

And Dental Implant Center

www.nwofs.com

PATIENT'S NAME: _____ DOB: _____ DATE: _____

REFERRING DOCTOR: _____

- | | | |
|-----------------|-----------------------|---------------------|
| APICOECTOMY | EXPOSURE | SOCKET PRESERVATION |
| BIOPSY, ORAL | EXTRACTION | TMJ/FACIAL PAIN |
| BIOPSY, FACIAL | ORTHOGNATHIC SURGERY | OTHER |
| DENTAL IMPLANTS | PRE-POSTHETIC SURGERY | |

NOTES: _____

PLACE A "√" IN THE APPROPRIATE BOX OR BOXES

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

WORTHINGTON
6641 NORTH HIGH STREET
WORTHINGTON, OH 43085
(614) 885-3339

MARYSVILLE
279 STOCKSDALE DR.
MARYSVILLE, OH 43040
(937) 644-2600

HILLIARD
4607 LEAP COURT
HILLIARD, OH 43026
(614) 876-5959

INSTRUCTIONS FOR PATIENTS:

- Please call the appropriate office to schedule an appointment or consultation. If you have medical problems such as diabetes, heart disease, heart murmur or are taking anticoagulant medication, or aspirin (blood thinners), please tell the receptionist.
- On the day of your appointment, please bring:
 - This sheet
 - Any x-rays your dentist has given you
 - A list of all medications with dosages that you are taking
 - Your medical and dental insurance cards
- If you are going to have intravenous sedation:
 - Do not eat or drink anything for at least 8 hours before your appointment other than daily medications with a sip of water.
 - Bring an adult with you to drive you home
 - Wear loose clothing, preferably short sleeves
- If you are unable to keep your appointment, please call our receptionist at the appropriate office at least 24 hours before your appointment, to reschedule.

APPOINTMENT DATE: _____ TIME: _____



WORTHINGTON (614) 885-3339

HILLIARD (614) 876-5959

MARYSVILLE (937) 644-2600

