



Northwest Oral and Facial Surgery

And Dental Implant Center

Dr. Allen Carnes

Dr. Clifford Cook

Dr. Byron Henry

Dr. Patrick Kennedy

PATIENT NAME: _____ DATE: _____

PATIENT DOB: _____ REFERRING DOCTOR: _____

EXTRACTION

DENTAL IMPLANTS

BONE GRAFTING

ORTHOGNATHIC SURGERY

TMJ/FACIAL PAIN

PRE-PROSTHETIC SURGERY

BIOPSY HARD/SOFT TISSUE, LOCATION _____

TRAUMA

OTHER

Notes: _____

Please mark appropriate teeth

Permanent Teeth															
Upper Right								Upper Left							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Lower Right								Lower Left							

Primary teeth									
Upper Right					Upper Left				
A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K
Lower Right					Lower Left				

Locations:

Worthington Office
6641 N High Street. #105
Worthington, OH 43085

Hilliard Office
4607 Leap Court
Hilliard, OH 43026

INSTRUCTIONS FOR PATIENTS:

- Please call the appropriate office to schedule an evaluation appointment. If you have medical conditions such as diabetes, heart disease, heart murmur or are taking anticoagulant medication (blood thinner's), or aspirin please inform the receptionists.
- On the day of your appointment, please bring:
 - This sheet
 - Any x-rays given to you from your dentists or they may be emailed to us at xrays@nwofs.com.
 - A list of all medications with dosages that you are taking
 - Your medical and dental insurance cards
- If you are going to have a sedation please note the following:
 - Do not eat or drink anything for 8 hours prior to your appointment.** Take daily medications with a sip of water if instructed to by the surgeon.
 - Bring an adult with you to stay in the office during surgery and drive you home.
 - Wear loose comfortable clothing and a short sleeve shirt.

If you are unable to keep your appointment, please call out office at least 48 hours before your appointment time to re-schedule.

Appointment Date: _____

Time: _____