



# PHOENIX

## ORAL & FACIAL SURGERY

CHANGING FACES | CHANGING LIVES

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Date \_\_\_\_\_

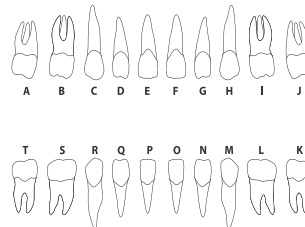
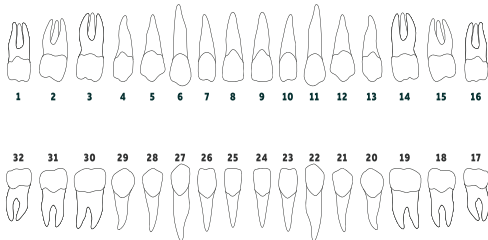
Patient's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Office \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Doctor \_\_\_\_\_



### CONSULTATION / PROCEDURE TO BE PERFORMED

- \_\_\_\_\_ Surgical Extraction (as indicated)
- \_\_\_\_\_ IV Sedation
- \_\_\_\_\_ TMJ Pain/Surgery
- \_\_\_\_\_ Orthognathic Surgery
- \_\_\_\_\_ Pathology
- \_\_\_\_\_ Trauma
- \_\_\_\_\_ Dental Implants
- \_\_\_\_\_ Sleep Apnea/Snoring

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

★ Please be sure to email or bring imaging

### Important Instructions for Patients Having General Anesthesia / I.V. Sedation

1. Do NOT eat or drink anything at least 8 hours before your appointment
2. You MUST bring a driver with you to take you home