

~ Compassionate oral surgery care for you and your family members ~



GERMANTOWN

ORAL & FACIAL SURGERY

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Patient's Name: _____

Referred by: _____ Date: _____

Radiographs: Emailed** Hand carried by patient Date of X-ray(s): _____ None

If emailing patient information, please send via **HIPAA approved encryption to GermantownOFS@gmail.com

How may we care for this patient?

- Wisdom Teeth
- Extractions
- Alveoloplasty
- Orthodontic Exposure / Bonding
- Soft Tissue Surgery
- Pathology
- Dental Implant(s)
- Implant Overdenture
- Full-Arch Fixed (Hybrid / All-on-4)

Details: _____

Clearly check: A B C D E | F G H I J

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32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
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T	S	R	Q	P	O	N	M	L	K							

Critical Patient Instructions for the First Appointment

- 1) With the exception of certain emergencies, your first appointment is a consultation only.
- 2) Bring a list of **all your current medications** (prescriptions and over-the counter), inhalers, & supplements.
- 3) Bring a list of all your **past medical conditions and surgeries**.
- 4) You must bring your **Dental & Medical insurance ID cards** or **complete information and the subscriber's information** to your first appointment in order to process your insurance properly.
- 5) Patients under the age of 18 years old **MUST** be accompanied by a **parent** or **court-ordered legal guardian**. We will NOT be able to evaluate or treat your child otherwise.
- 6) To expedite your care, please read our patient privacy policy and print and complete the **registration** and **medical history forms** found on our website (**www.germantownoralsurgery.com**) prior to your appointment.

~ We look forward to meeting you and discussing your oral surgical needs ~