SOUTHEAST ORAL AND MAXILLOFACIAL SURGERY
11725 Highland Meadow • Houston, TX 77089
ph: 281.484.9400 • fx: 281.484.4124 • www.drfrishkey.com

FRANK R.L. FRISHKEY, D.D.S.
Diplomate, American Board of Oral and Maxillofacial Surgery

APPOINTMENT INFORMATION

This time is reserved sepcifically for you. If by necessity, you must cancel your appointment, please notify us at least one day in advance.

Date: _____ Time: _____ Day: _____

Introducing: _____

Referred By: _____

WELCOME TO OUR ORAL & MAXILLOFACIAL SURGERY OFFICE

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

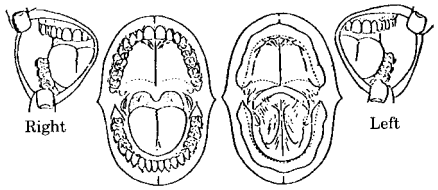
- The initial visit, with the exception of certain emergency cases, is for consultation only. This enables us to fully evaluate your problems and tailor the care to your specific needs.
- Unmarried patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the inital consult.
- Please bring all pertinent medical information and a list of all medications you are currently taking.
- Please alert the office if you have a medical condition that my be of concern prior to surgery (i.e. diabetes, high blood pressure, artifical heart valves and joints, rheumatic fever.
- Please bring both your medical and dental insurance information on the day of your appointment

FOR DIRECTIONS TO OUR OFFICE PLEASE SEE REVERSE

INSTRUCTIONS: _____

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

Soft Tissue Chart



PROCEDURES: *(Please indicate below)*

❑ Extraction	❑ Third Molar Consult	❑ Alveoloplasty
❑ Apicoectomy	❑ Lesion Evaluation	❑ Biopsy
❑ Incision & Drainage	❑ Expose & Bond	❑ Soft Tissue
❑ Frenectomy		

CONSULTATION:

❑ Pre-Prosthetic	❑ Orthognathic Eval.	❑ Implants
❑ Ridge Augmentation	❑ Carious or Abscessed Teeth	❑ Oral/Facial Lesion
❑ Bone Grafting	❑ Other_____	

RADIOGRAPHS:

❑ Being mailed	❑ Given to Patient	❑ Please Take
❑ Will Bring X-ray	❑ No X-ray	

❑ Other: _____

IMPLANTS:

Sites: _____

I prefer to use: _____

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