



**Manhattan
Maxillofacial
SURGERY GROUP**

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Dr. Antonio L. Del Valle

Dr. Shahin Shahgoli

DATE: _____

INTRODUCING _____

REFERRED BY DR. _____

REMARKS _____

IV-Sed./GA

Apicoectomy

Implant

Orthognathic

Biopsy

TMJ

Canine Exposure

Other

PLEASE NOTE:

All patients under the age of 18 must be accompanied by a parent or legal guardian.

**INSTRUCTIONS FOR PATIENTS
FOR GENERAL ANESTHESIA OR SEDATION**

1. **NO EATING or DRINKING** after midnight the night before surgery. You must refrain from all food and liquids for eight hours prior to the appointment.

2. Patients must be accompanied by a responsible adult, who will wait for the patient and accompany the patient home.

EXTRACT FOLLOWING TEETH PLEASE CIRCLE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	D	E	F	G	H	I	J					
	T	S	R	Q	P	O	N	M	L	K					
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

RIGHT

LEFT