



CAMEO ORAL SURGERY

Practice Limited to Oral & Maxillofacial Surgery and Dental Implants

Joseph B. Baptist, DDS

Fellow, American Association of Oral and Maxillofacial Surgeons
Diplomate, American Board of Oral and Maxillofacial Surgery

Introducing: _____ **Date:** _____

Tooth Notation:

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
RIGHT	DECIDUOUS TEETH									DECIDUOUS TEETH								LEFT
	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	

Reason for Oral Surgery Referral:

- Extraction (mark teeth)
- Implants/Preprosthetics
- Implant Site Preparation
- Biopsy
- Orthognathic Surgery Evaluation
- TMJ
- Obstructive Sleep Apnea
- Panorex only
- 3D Cone Beam CT Scan
- Other/Comments: _____

Information for our Patients:

- 1. IF GENERAL ANESTHESIA OR IV SEDATION IS DESIRED:**
 - a. You may not eat or drink anything including water for **six** hours prior to your appointment.
 - b. You must be accompanied at our office by a responsible adult who can remain in the office and drive you home.
 - c. Wear loose clothing (short or loose sleeves preferable).
- 2. IF YOU TAKE PRESCRIPTION MEDICATIONS:**
 - a. Take your oral medications as usual (with only sips of water if intravenous anesthesia is anticipated).
 - b. Bring your medications or a list of them to your appointment.
- 3. Minors must be accompanied by a parent or legal guardian.**
- 4. If you are unable to keep your appointment, please notify the office as soon as possible.**
- 5. The surgery fee is due at the time of surgery unless other arrangements have been made.**

Referring Dentist:

Name: _____ Tel: _____
 Address: _____ Fax: _____
 _____ Email: _____
 City: _____ State: _____ Zip: _____

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