



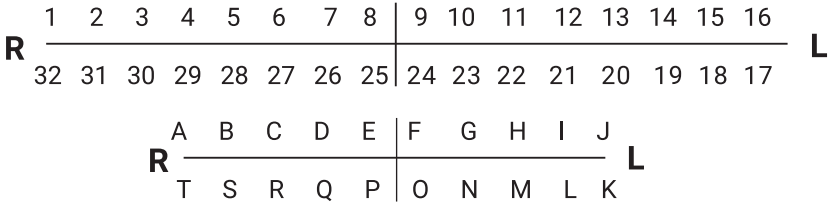
FRIENDLY DENTAL SPECIALTY CENTER

Practice limited to
Oral & Maxillofacial Surgery

933 S. Sunset Avenue
Suite 303
West Covina, CA 91790
Tel: 626.814.8040
Fax: 626.814.8620

Patient's Name: _____ Date _____ for

[] Consultation Only [] Consultation and Treatment



Appointment Time: _____ Time: _____ A.M. P.M.

Chief Complaint: _____

Anesthesia Preferred: [] General Anesthesia (going to sleep) [] Local Anesthesia

Special Instruction / Remarks: _____

Current X-ray: [] Sent by mail [] Sent with Patient [] Please take one [] CBCT Scan

Referred by DR: _____

Reminder: If you are having GENERAL ANESTHESIA (GOING TO SLEEP)

- The night before your surgery, eat a light dinner early in the evening.
NO FOOD or DRINK (including WATER) for 6 hours before the scheduled surgery.
Wear short sleeved and loose fitting clothing (no high heels)
Patient must be accompanied by a responsible adult who will drive patient home. The driver should plan to remain in the office during entire dental procedure.
All minors MUST be accompanied by a parent or legal guardian.
Have these supplies at home: Ibuprofen-type medication. Ice pack. 2-3 pillows. Cotton swabs.

PLEASE BRING THIS CARD WITH YOU, THANK YOU.