

# DR. ALAN REISMAN D.D.S.

ORAL & MAXILLOFACIAL SURGERY

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www.alanreisman.com

Dr. \_\_\_\_\_

is pleased to refer: \_\_\_\_\_

This appointment is for:  Consultation  Treatment

**Oral Surgery:**  Extraction  Alveoplasty  Biopsy

### Implant & Reconstructive Surgery:

Implant  Bone Graft  Pre-prosthetic Surgery

Implant system preference \_\_\_\_\_

Immediate placement:  yes  no

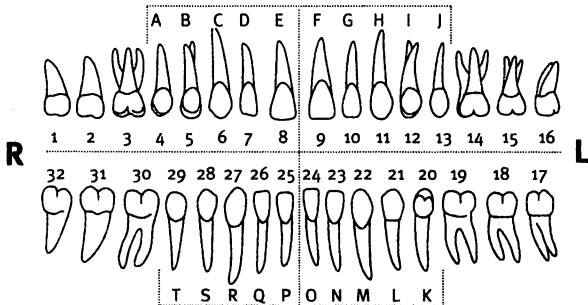
Immediate provisional:  yes  no

Placement of final abutment:  yes  no

### Orthodontic-related Treatment:

Frenectomy  Exposure/Bonding  Jaw Deformity

### Please indicate area or teeth of concern:

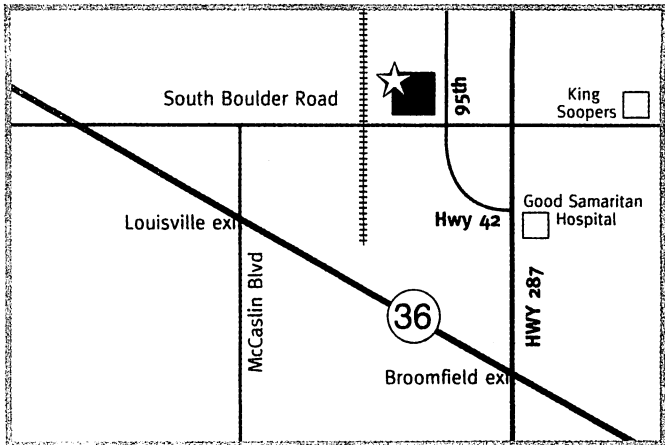


### Radiographs:

Mailed to office  With Patient  Take X-ray  I-Cat (CT Scan)

### Anesthesia:

IV Sedation/General Anesthesia  Local Anesthesia



Note: Internet map systems have been found to be inaccurate, please call for directions.

Other instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE GOING TO BE UNDER ANESTHESIA/SEDATION:**

- 1. DO NOT EAT OR DRINK ANYTHING, INCLUDING WATER, CANDY AND GUM, FOR 6 HOURS PRIOR TO YOUR APPOINTMENT.**
- 2. ARRANGE FOR AN ESCORT TO BE PRESENT DURING YOUR SURGERY AND TO DRIVE YOU HOME AFTER YOUR SURGERY.**