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Oral Surgery Evaluation and Treatment Request

Date: _____
 Introducing: _____
 Daytime Telephone: _____
 Referred By: _____

Please circle the teeth or areas to be evaluated:

Right	A	B	C	D	E		F	G	H	I	J	Left			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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			

<input type="checkbox"/> Wisdom Teeth Removal	<input type="checkbox"/> Dental Implant Tooth Replacement
<input type="checkbox"/> Extraction	<input type="checkbox"/> Pre-prosthetic Therapy
<input type="checkbox"/> Jawbone/ Socket Preservation	<input type="checkbox"/> Periapical Therapy
<input type="checkbox"/> Jawbone Reconstruction: Area _____	
<input type="checkbox"/> Expose & Bond	<input type="checkbox"/> Oral Medicine
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> X-Rays needed	<input type="checkbox"/> X-Rays emailed or sent
<input type="checkbox"/> X-Rays given to patient	<input type="checkbox"/> Send copies of X-Rays taken

Additional Comments: _____

Signed: _____

APPOINTMENT INFORMATION:

Date: _____ Time: _____

Please read important information about your appointment and our location on the reverse side of this sheet. Please bring this referral slip and any relevant x-rays with you.

Please Read This Important Information Before Your Appointment:

Your first appointment will often be a consultation appointment to determine your specific treatment needs.

Please bring all medical and dental insurance information with you.

If you take any medications or prescriptions regularly, please bring a list of the medications and the dose and frequency of each.

A parent or legal guardian must accompany patients 17 years old or younger.

If you must change your appointment we ask that you notify us 48 hours in advance as a courtesy to other patients.

If you have been given X-rays, please bring them along with this referral slip.

Sedation Instructions:

If your appointment is between 8:00 am and 2:00 pm and you would prefer to be sedated for your surgery, **TAKE NO FOOD OR LIQUIDS AFTER MIDNIGHT** the night before surgery.

If possible remove your contact lenses prior to your appointment and wear loose comfortable clothing.

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME AND STAY WITH YOU FOR SEVERAL HOURS.

It may be necessary to reschedule your appointment if there are unexpected medical findings or a change in the proposed dental surgery.

