

STEVEN LEUNG DDS MD

ORAL SURGERY

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www.brooklinoralsurgeon.com

PATIENT NAME: _____ Date: _____

Referred by Dr. _____ Phone: _____

Appointment Date: _____ Time: _____

REASON FOR REFERRAL:

Extractions:

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
R	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	L

Implants: _____

Preprosthetic Surgery: (specify area) _____

Pathology: (specify area) _____

Other: _____

Recent X-ray enclosed: YES NO

Restorative Plan: _____

1. Please bring any appropriate x-rays from the referring doctor, or ask that they be mailed to our office. In the event the x-ray is inadequate, another may be taken.
2. Please bring a list of your current medications with you.
3. Patients who are undergoing sedation **MUST NOT EAT OR DRINK** for at least **8 HOURS** prior to their appointment (includes all beverages and water). Failure to follow this may result in a cancellation of your surgery. If this is your first visit, a consultation for sedation is usually a separate appointment prior to treatment.
4. Take daily medications with a small sip of water unless otherwise instructed.
5. Following sedation, you will **NOT** be able to drive. A responsible adult **MUST** remain in the office waiting area during your procedure and take you home.

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Thank you for your referral!