



PLATTSBURGH ORAL SURGERY PC

8 Ampersand Drive Plattsburgh, NY 12901 T - 518.562.1020 F - 518.562.1022

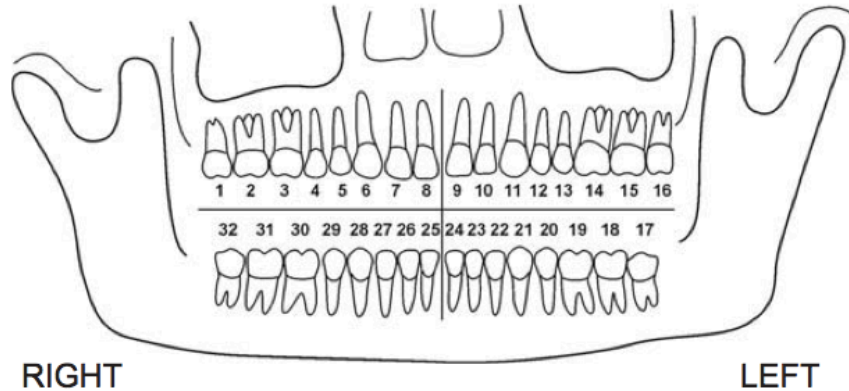
DR. BRAD W. RAY DDS FRCD(C)

DATE _____ REFERRING DR. _____

PATIENT NAME _____ DOB _____

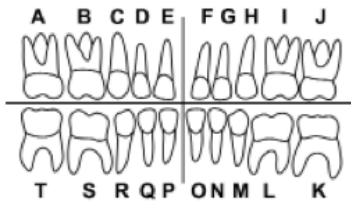
TREATMENT / CONSULTATION REQUESTED:

- THIRD MOLARS DENTAL EXTRACTIONS IMPLANT(S)
- BONE GRAFT EXPOSURE UNERUPTED TEETH INFECTION
- PRE-PROSTHETIC TEETH/REGION _____



RIGHT

LEFT



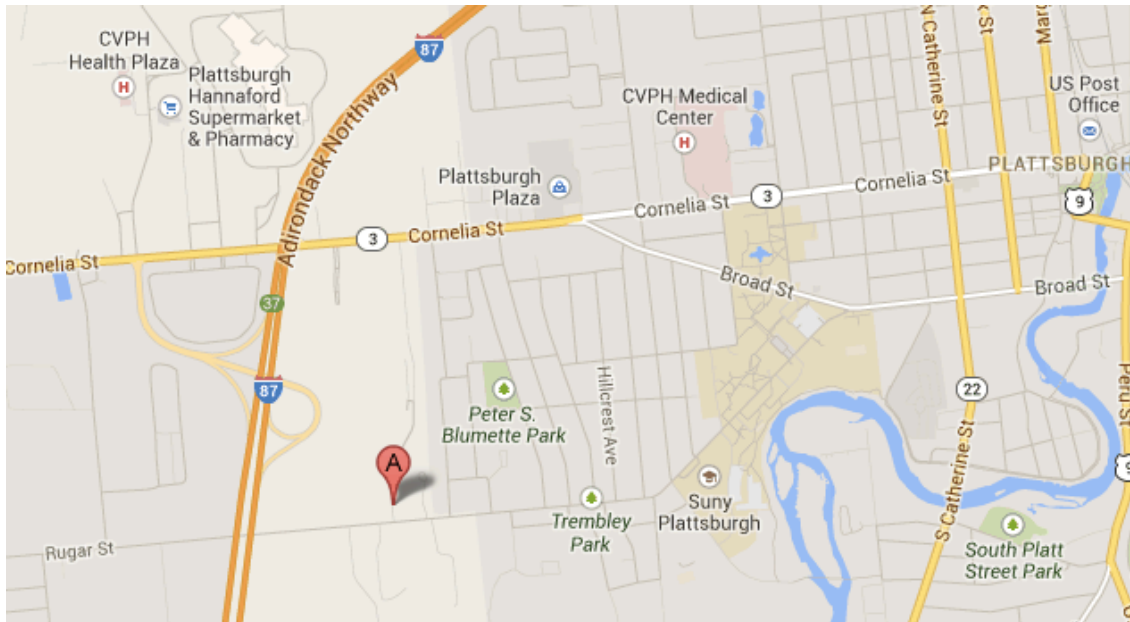
RADIOGRAPHS:

- EMAILED MAILED GIVEN TO THE PATIENT PLEASE MAKE NEW RADIOGRAPHS

REMARKS _____

SIGNATURE _____

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SPECIAL INSTRUCTIONS FOR OUR PATIENTS

ALL PATIENTS:

- IF UNDER 18 YEARS OF AGE, PARENTAL (OR GUARDIAN) CONSENT IS NECESSARY PRIOR TO ANY SURGICAL PROCEDURE.
- PAYMENT ARRANGEMENTS MUST BE MADE PRIOR TO SURGERY

LOCAL ANESTHESIA ONLY PATIENTS:

- IF ONLY LOCAL ANESTHESIA (NO SEDATION) IS TO BE USED, YOU MAY DRINK AND EAT AS USUAL

INTRAVENOUS (IV) SEDATION OR NITROUS OXIDE:

- NO FOOD OR FLUID (INCLUDING WATER, COFFEE AND SODA) WITHIN 6 HOURS OF YOUR APPOINTMENT. THE PREVIOUS MEAL SHOULD BE LIGHT AND EASILY DIGESTED
- WEAR LOOSE-FITTING CLOTHING, SLEEVES SHOULD BE EASILY DRAWN UP ABOVE THE ELBOWS
- PLEASE EMPTY YOUR BLADDER AND BOWEL BEFORE APPOINTMENT
- IF YOU USE CONTACT LENSES, PLEASE LEAVE THEM OUT OR BRING THEIR CASE AND REMOVE PRIOR TO SURGERY
- A RESPONSIBLE ADULT MUST ACCOMPANY YOU, REMAIN IN THE BUILDING AND BE AVAILABLE TO DRIVE YOU HOME AFTER YOUR PROCEDURE AND BE YOUR CAREGIVER AT HOME
- FOLLOWING SEDATION, YOU MUST NOT DRIVE AN AUTOMOBILE, OPERATE ANY DANGEROUS MACHINE, OR UNDERTAKE ANY RESPONSIBLE BUSINESS MATTERS FOR THE NEXT 24 HRS
- IF, PRIOR TO YOUR PROCEDURE, YOU DEVELOP A COLD, FEVER, OR OTHERWISE BECOME ILL, PLEASE CONTACT US AT 518.562.1020. YOUR APPOINTMENT MAY NEED TO BE RESCHEDULED

Please visit our website for more information and detailed instructions.

PlattsburghOralSurgery.com