

Appointment: Date \_\_\_\_\_ Day \_\_\_\_\_

Time \_\_\_\_\_

THIS TIME IS RESERVED SPECIFICALLY FOR YOU. IF BY NECESSITY, YOU MUST CANCEL YOUR APPOINTMENT PLEASE NOTIFY US ONE DAY IN ADVANCE.

### INSTRUCTIONS TO PATIENT

IF YOUR APPOINTMENT IS FOR SURGERY, PLEASE...

1. Bring this card with you.
2. For patients who will have intravenous sedation/anesthesia:
  - a) Nothing to eat or drink 6 hours before appointment (not even water).
  - b) Please bring someone to drive you home. **DRIVER MUST REMAIN ON PREMISES DURING YOUR PROCEDURE.**
  - c) Wear short or loose sleeves.
  - d) Brush your teeth before your appointment. Rinse but do not swallow any water.
  - e) **Minors (17 & under) must be accompanied by parent or legal guardian.**

### INSTRUCTIONS FROM DOCTOR

1. Extract teeth # \_\_\_\_\_

3. Evaluate and/or biopsy lesion located:

(PLEASE INDICATE BELOW)

RIGHT								LEFT							
a	b	c	d	e	f	g	h	i	j						
E	D	C	B	A	A	B	C	D	E						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
E	D	C	B	A	A	B	C	D	E						
t	s	r	q	p	o	n	m	l	k						

4. Evaluate for preprosthetic surgery as follows:

5. Other:

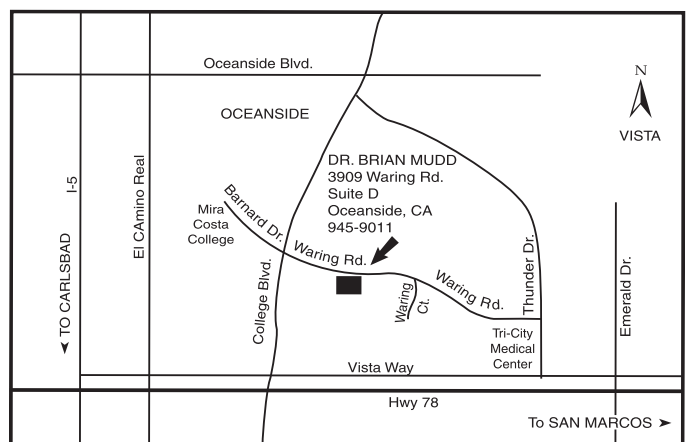
2. Evaluate for implants:

Comments:

**BMD** Brian D. Mudd, D.D.S., Inc.  
 Diplomate, American Board of Oral and Maxillofacial Surgery

Patient: \_\_\_\_\_

Referred by: \_\_\_\_\_



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