

TRENT P. CONELIAS, D.D.S.



Certified by American Board of
Oral & Maxillofacial Surgery



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REFERRAL

INTRODUCING _____ PHONE _____
FIRST NAME LAST NAME

REFERRED BY _____ DATE _____

PLEASE CIRCLE
FOR EXTRACTIONS

RIGHT								LEFT							
32 31 30 29 28 27 26 25								24 23 22 21 20 19 18 17							
RIGHT								LEFT							
A B C D E								F G H I J							
T S R Q P								O N M L K							

Other Procedures

- | | | |
|--|--------------------------------------|--|
| ☐ Alveoloplasty | ☐ Exposure | ☐ Exposure and Bond |
| ☐ Biopsy | ☐ Soft Tissue | ☐ Hard Tissue |
| ☐ Incision and Drainage | ☐ Frenectomy | |

Consultation:

- | | | |
|---|------------------------------------|--|
| ☐ TMJ | ☐ Implants | ☐ Orthognathic Evaluation |
| ☐ Pre-Prosthetic | ☐ Pathology | ☐ Cosmetic |
| ☐ Other _____ | | |

Notes: _____

Radiographs or Clinical Photos:

- | | | | |
|---------------------------------------|---|--------------------------------------|-----------------------------------|
| ☐ Being Mailed | ☐ Given to Patient | ☐ Please Take | ☐ No X-Ray |
|---------------------------------------|---|--------------------------------------|-----------------------------------|

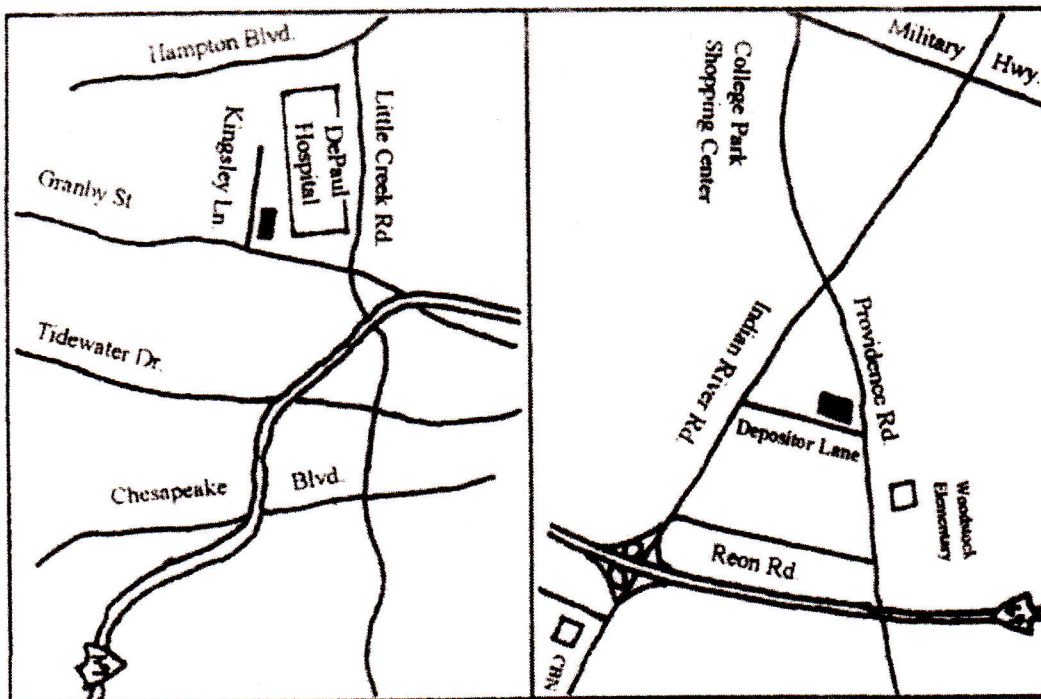
Appointment: Date _____ Day _____

Time _____

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 for 8 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.**



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