

Oral and Maxillo-Facial Surgery, Inc.

Dr. Harold J. Haney

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Appointment Date _____ Time _____

Introducing _____

Referred by _____

Special instructions for new patients:

1. Many first appointments will be for a consultation so that we can meet our new patient, review health history, explain and prepare the patient for surgery.
2. For patients coming to our office for a surgical appointment and receiving IV anesthesia, please follow the instructions listed below:
 - (a) **Nothing to eat or drink including water for 8 hours prior to your appointment.**
 - (b) **You MUST bring a driver that can remain in the office for the duration of the procedure.**
3. **Minors** (under 18) must have parent or guardian accompany them for consent.
4. This time is reserved specifically for you. Please notify us if you must **cancel** or with any **questions** you may have.

1. Extraction/surgical removal of tooth/teeth:

			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
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			

2. **Implant(s):** To replace tooth/teeth #'s _____
3. **Surgical exposure** of teeth/ortho: tooth/teeth #'s _____
Bracket if possible at surgery? Yes _____ No _____
4. **Frenectomy:** Location _____
5. **Pathology** – (soft tissue/hard tissue)
Location _____
Brief description _____

Additional Comments:
