

Patrick Carroll, DDS  
Oral & Maxillofacial Surgeon



Patient \_\_\_\_\_ Phone \_\_\_\_\_

Please evaluate for:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Exposure        | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> Implant    | <input type="checkbox"/> Bracket / Chain | <input type="checkbox"/> Tori          |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Frenectomy      | <input type="checkbox"/> Lesion        |
| <input type="checkbox"/> _____      |  |  |

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  
A B C D E F G H I J  
T S R Q P O N M L K

Instructions for all patients:

- Provide complete medical history
- Provide complete medication list
- Parent or legal guardian must accompany all minors

Instructions for patients desiring IV sedation:

- Nothing to eat or drink for 6 hours prior to appointment
- Small sip of water to take regular medications is permitted
- Must have a responsible driver present for entire appointment
- Remove artificial nails and nail polish for anesthetic monitoring
- Wear comfortable, loose clothing with short sleeves

Referring Dr. \_\_\_\_\_ Date \_\_\_\_\_