



Oral and Maxillofacial Surgery Specialists, P.C.

**Ron D. Thoman, D.D.S.**

Board Certified

**Cree Kofford, D.M.D., M.D.**

Board Certified

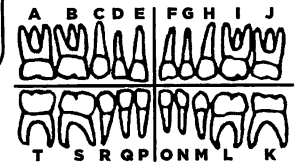
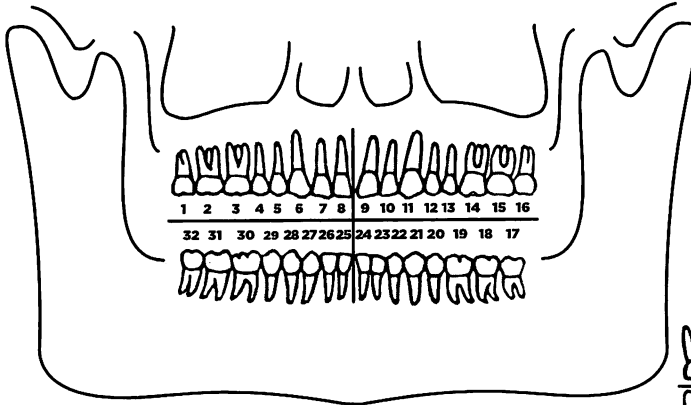
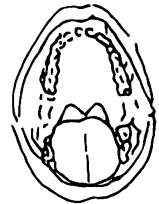
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REFERRED BY DR. \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

PATIENT \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CALL PATIENT?     YES     NO

PLEASE INDICATE AREAS NEEDING ATTENTION:



RIGHT

LEFT

- |   |  |
|---|--|
| <input type="checkbox"/> EXTRACTIONS                  | <input type="checkbox"/> IMPLANT           |
| <input type="checkbox"/> PREPROSTHETIC SURGERY        | <input type="checkbox"/> ALVEOLOPLASTY     |
| <input type="checkbox"/> ORTHOGNATHIC SURGERY         | <input type="checkbox"/> PATHOLOGY, BIOPSY |
| <input type="checkbox"/> UNCOVERING OF IMPACTED TOOTH | <input type="checkbox"/> OTHER _____       |

SENDING:     PANOREX     CEPH     MODELS

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR SEDATION INSTRUCTIONS, DIRECTIONS

## SEDATION INSTRUCTIONS

1. Nothing to eat for 8 hours prior to surgery.
2. Nothing to drink for eight hours prior to surgery.  
Exception: Heart medications or antibiotics with sips of water.
3. Brush your teeth, rinse and SPIT at home before surgery.
4. Do not smoke for two hours prior to surgery.
5. Wear short sleeved, loose fitting shirt and do not wear contact lenses.
6. You must be accompanied by an adult who will remain in the office and drive you home.
7. Minors must be accompanied by a parent or have written consent.
8. Leave valuables at home.

