



George H. Master, D.M.D.

Diplomate of American Board of Oral & Maxillofacial Surgery

Derek H. Lamb, D.M.D., M.D.

Oral and Maxillofacial Surgery

3501 N. Scottsdale Road, Suite 226 • Scottsdale, AZ 85251

Phone: 480-941-5005 • Fax: 480-946-0268

Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us as soon as possible.

Date: _____ Time: _____ Day: _____

Introducing: _____

Referred by: _____

Special Instructions for patients to be sedated only.

1. Do not have anything to eat or drink including water 8 hours before surgery. Prescribed medications may be taken with a small swallow of water.
2. A responsible adult must accompany you to the office to drive you home after the surgical procedure.
3. Wear clothing with sleeves that are easy to push up.
4. Any patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery and for the consultation.
5. Please park on the 1st floor of the parking garage. This will enable us to take the patient out in a wheelchair.

Right	Please circle teeth to be treated												Left		
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
Deciduous															
E	D	C	B	A	A	B	C	D	E						
E	D	C	B	A	A	B	C	D	E						

Extraction

OTHER PROCEDURES (Please indicate below)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> Apicoetomy |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Lesion Evaluation |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Incision & Drainage |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Exposure |

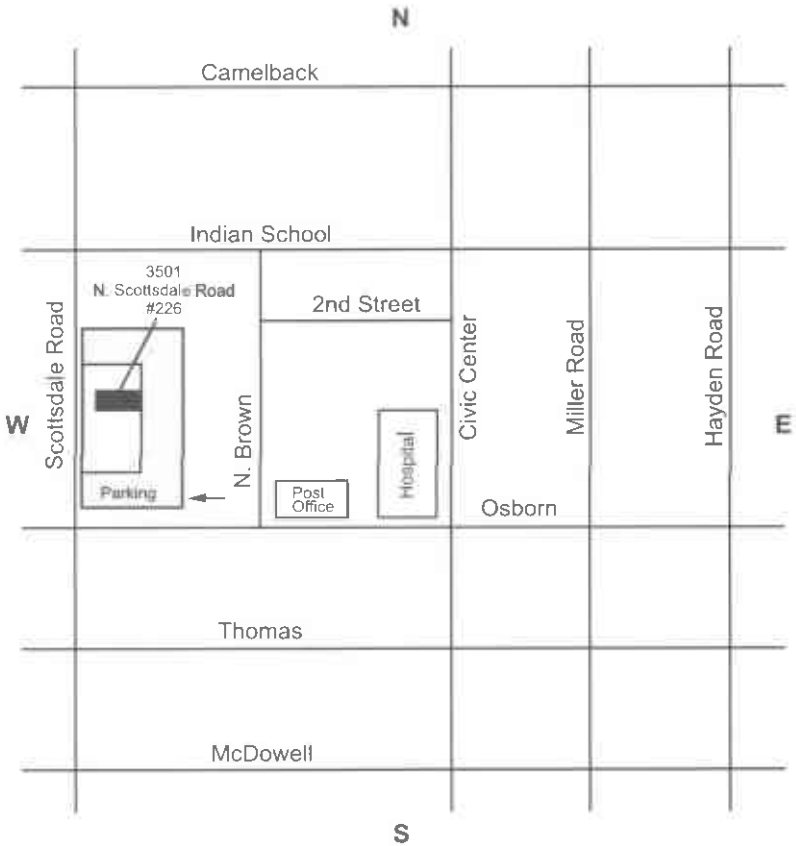
RADIOGRAPHS

- | |
|---|
| <input type="checkbox"/> Being Mailed |
| <input type="checkbox"/> Given to patient |
| <input type="checkbox"/> Please Take |
| <input type="checkbox"/> No X-ray |

CONSULTATION

- | |
|---|
| <input type="checkbox"/> Orthognatic evaluation |
| <input type="checkbox"/> Implants |

Special Instructions: _____



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THE CENTER FOR DENTAL IMPLANTS
RECONSTRUCTIVE ORAL & MAXILLOFACIAL SURGERY

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