M _____

has an appointment

Date _____ at _____ am/pm

BLUEGRASS ORAL & MAXILLOFACIAL SURGERY

DR. WILLIAM JASON BARKER

3080 Harrodsburg Rd. · Suite 275
Lexington, KY 40503
859-278-5377 · Fax 859-278-0903

If you are unable to keep your appointment, kindly give 24 hours notice.

Instructions to Patients:

You have been referred for specialized care to an Oral and Maxillofacial Surgeon. Our office will make every effort to ensure that your visit with us is a comfortable experience. Please assist us by providing the following information at the time of consultation:

- This surgical referral slip and X-rays, if applicable.
- A list of medications you are presently taking. t
- If you have medical or dental insurance, please bring your t insurance card(s) with you. This will save time and allow us t to help verify benefits and process any claims.

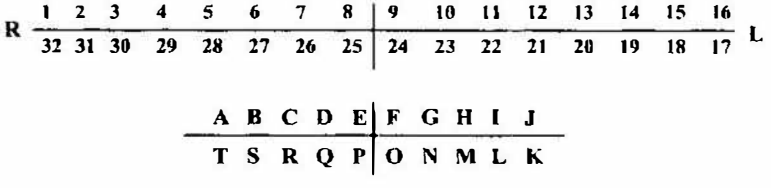
Important: All patients under 18 years of age must be accompanied by a parent or guardian at the consultant visit.

- A pre-operative consultation is mandatory for patients undergoing IV sedation or general anesthesia for surgery.
- Please alert the office if you have a medical condition that may be a concern prior to surgery (i.e. diabetes, high blood pressure, artifical heart valves or joints, rheumatic fever).
- Our office is committed to allaying any concerns you may have about your appointment. Please ask so we may help you.

PROCEDURES (Please indicate)

- ❑ Extraction
- ❑ Dental Implant (indicate area) _____
- ❑ Apicoectomy
- ❑ Biopsy
- ❑ Exposure ❑ Bonding (Tooth#) _____
- ❑ Infection
- ❑ Lesion Evaluation (indicate area) _____
- ❑ Frenectomy
- ❑ Alveoloplasty
- ❑ Other _____

Please circle teeth or area to be treated



RADIOGRAPHS

❑ Given to Patient ❑ No X-ray ❑ Being Mailed ❑ Please Return

Remarks or Special Instructions _____

_____

_____

REFERRED BY: _____