



DALLAS H. HICKLE, DDS

Oral Surgery & Dental Implants

Diplomate, American Board of Oral
& Maxillofacial Surgery

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San Rafael, CA 94901
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MARINOMS.COM

Please see reverse for additional
instructions and maps to our office

APPOINTMENT INFORMATION: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify our office at least **48 hours** in advance.

Patient's Name _____ Date _____

Referred by Dr. _____ Phone _____

PLEASE MARK THE TEETH OR AREA TO BE TREATED

								A	B	C	D	E									F	G	H	I	J								
1	2	3	4	5	6	7	8	Right								9	10	11	12	13	14	15	16	Left									
32	31	30	29	28	27	26	25									24	23	22	21	20	19	18	17										
								T	S	R	Q	P									O	N	M	L	K								

Referred Due To:

- Extraction
- Alveoplasty
- Lesion & Evaluation
- Apicoectomy
- Expose & Bond
- Frenectomy

RADIOGRAPHS:

- Mailed/Emailed
- Given To Patient
- No X-Ray

CONSULTATION:

- Implants
- Nobel BioCare
- Zimmer
- Keystone/Lifecore
- Other _____
- Orthognathic Evaluation
- Ridge Augmentation/Bone Graft
- Other _____

Notes _____

INSTRUCTIONS TO PATIENTS

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

- Your surgical referral slip and any x-rays if applicable.
- A list of medications you are presently taking.
- If you have medical or dental insurance, bring the necessary completed forms. This will save time and allow us to help you process any claims.

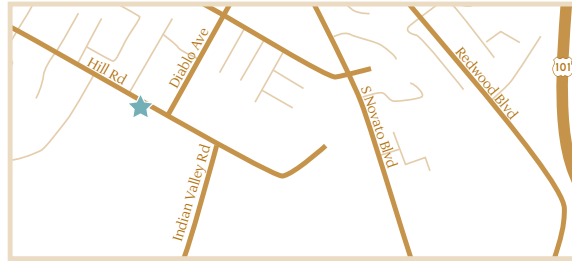
IMPOTANT: Patients 18 years of age or under must have a parent or guardian present to give written consent for treatment.

- A pre-operative consultation and physical examination is mandatory for patients undergoing IV general anesthesia for surgery.
- Please alert the office if you have a medical condition that may be of concern prior to surgery (i.e. diabetes, high blood pressure, artificial heart valves and joints, rheumatic fever).

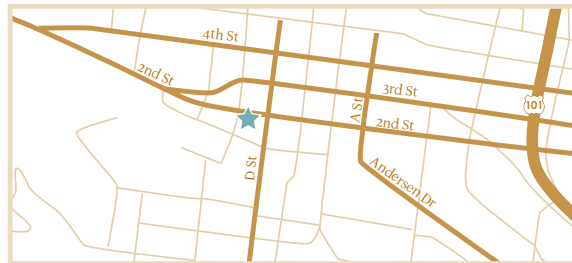
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SPECIAL INSTRUCTIONS FOR PATIENTS RECEIVING I.V. SEDATION & GENERAL ANESTHESIA

PLEASE NOTE: in most instances the patient is seen first for consultation to review the health history, decide on the most appropriate anesthesia and treatment plan, and schedule the surgery at a separate appointment. The following only applies if surgery is done at the first appointment.

1. Patients who will receive IV. Sedation or general anesthesia must have NO FOOD OR DRINK, including water, at least 6 hours prior to surgery unless otherwise instructed by their surgeon. Some medications may be continued and this will be discussed at your consultation.
2. A responsible person must accompany you and remain in our office during your treatment. They must also be able to drive you home. Do not plan to drive an automobile the day of the procedure.
3. Any unmarried patient under the age of 18 must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at the time of operation).

If you are unable to keep your appointment, please give us the courtesy of 48 hours advance notice. Thank you for your consideration.