

Center for Oral and Maxillofacial Surgery,

Joe L. Carpenter, DMD, Inc.

6653 Frank Ave. NW • North Canton, Ohio 44720

(330) 498-9920 • Fax (330)498-9921

Patient Name: _____ Date: _____

Referring Doctor: _____

Evaluate For Treatment As Noted:

Extractions

Dental Implants

X-Rays Enclosed

Exposure of Teeth

Infection

Facial Trauma

Pathology

TMD

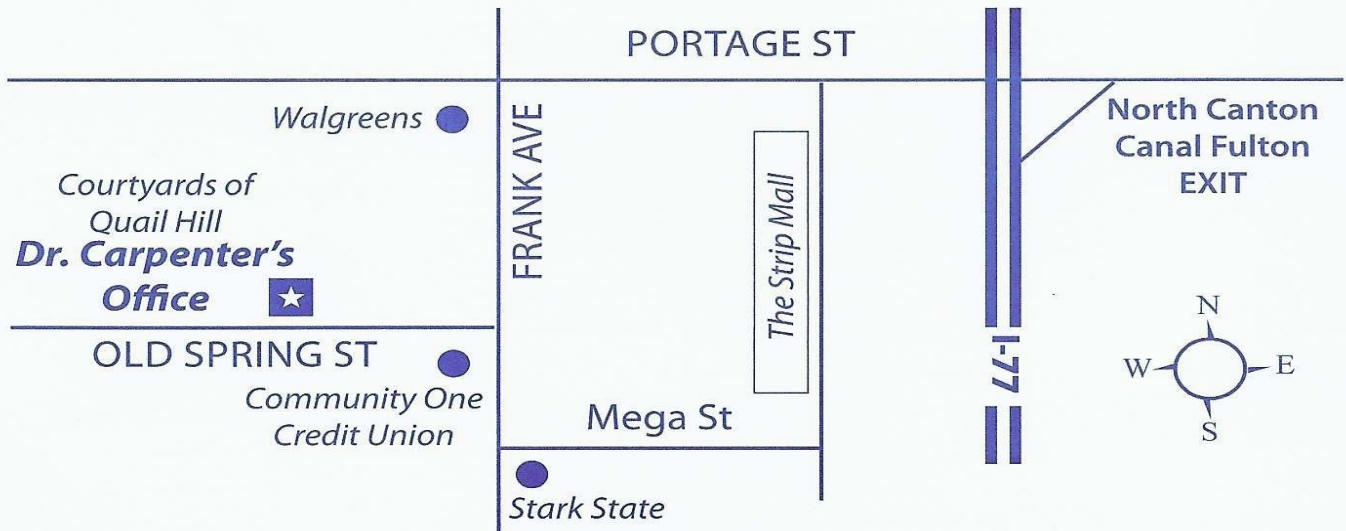
Reconstruction

Orthognathic Surgery

	A	B	C	D	E	F	G	H	I	J							
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	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				

Comments: _____

*** Minors must be accompanied by a parent or legal guardian to all appointments.**



Instructions for Planning a General Anesthetic or Intravenous Sedation:

1. Nothing by mouth, or to eat or drink after midnight.
2. A responsible adult to drive you to and from the appointment and remain in the office during surgery.
3. No contact lenses.
4. Wear short sleeves, comfortable clothing.
5. If you smoke, do not smoke 24 hours prior to your appointment.