

DATE _____

INTRODUCING:

NAME _____



TWIN CITIES ORAL AND
MAXILLOFACIAL SURGERY

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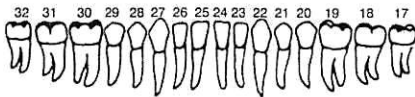
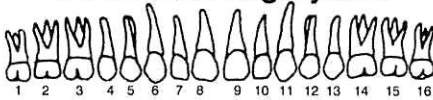
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HASTINGS OFFICE
925 HIGHWAY 55 - SUITE 202
HASTINGS, MN 55033
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www.tcoralsurgery.com



- ORAL SURGERY: Please circle teeth to be removed.
- IMPLANT EVALUATION

INSTRUCTIONS: _____

PRE-OPERATION INSTRUCTIONS

1. Absolutely NOTHING to EAT or DRINK (including water) for 6 hours prior to surgical appointment if you are to receive a general anesthetic.
2. You can not drive a motor vehicle for 16 hours after your anesthetic surgery. Therefore, a responsible adult must accompany you and remain in the office during your appointment. This person MUST drive you home and remain with you for the duration.
3. If you are taking any medications, please furnish the names, amounts taken and dosage schedule.
4. Please wear short sleeves.
5. Please furnish medical/dental insurance and co-pay.

REFERRED BY: _____

Please bring this Referral with you.

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(over)