



Medical Plaza, Suite 302
 620 S. Madison
 Enid, OK 73701
 580/242-2800 • 800/522-1455
 www.facialsurgcenter.com

Please Mark Teeth or Area to be Treated

Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us at least one day in advance.

Date _____ Time _____ Day _____

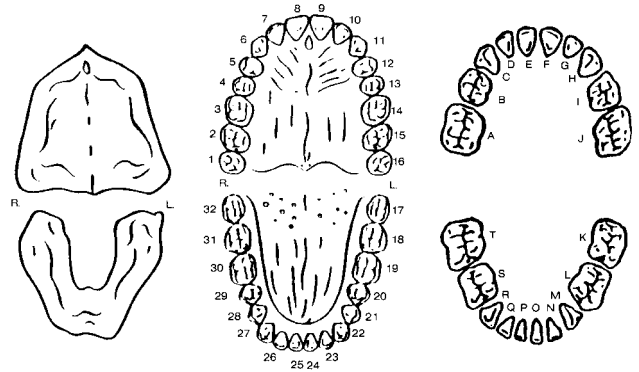
Introducing _____

Referred by _____

Telephone # _____

Instructions Preceding Appointment

- Nothing to **eat or drink** for 6 hours prior to appointment.
- You must be accompanied by a responsible adult who can stay in our office during surgery and then drive you home.
- Wear a short sleeve shirt.
- If you have any medical irregularities; are taking any medication or under a physician's care; please call the office before your appointment.
- If you wear contact lenses, bring solution and case necessary to properly care for them.



CONSULTATION

- TMJ Orthognathic Evaluation Implants

OTHER PROCEDURES *(Please indicate below)*

- Alveoplasty Apicoectomy Biopsy Exposure
 Lesion Evaluation Frenectomy Incision & Drainage
 Expose & Bond

REMARKS OR SPECIAL INSTRUCTIONS
