

Robert K. Conlon DDS Kurt E. Bruksch DDS Adam M. Ozment DDS  
 John J. Richard DDS Carter J. Schmidt DDS Matthew J. Heinz DDS, MD\*



# CRYSTAL LAKE ORAL & MAXILLOFACIAL SURGERY

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Doctor \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Apicoectomy     | <input type="checkbox"/> Exposure             | <input type="checkbox"/> Pre-prosthetic Surgery |
| <input type="checkbox"/> Biopsy          | <input type="checkbox"/> Extraction           | <input type="checkbox"/> Socket Preservation    |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> TMJ/Facial Pain        |
| <input type="checkbox"/> Other _____     |   |   |

Notes \_\_\_\_\_

- Local Anesthesia     Inhalation Anesthesia     Intravenous Anesthesia

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

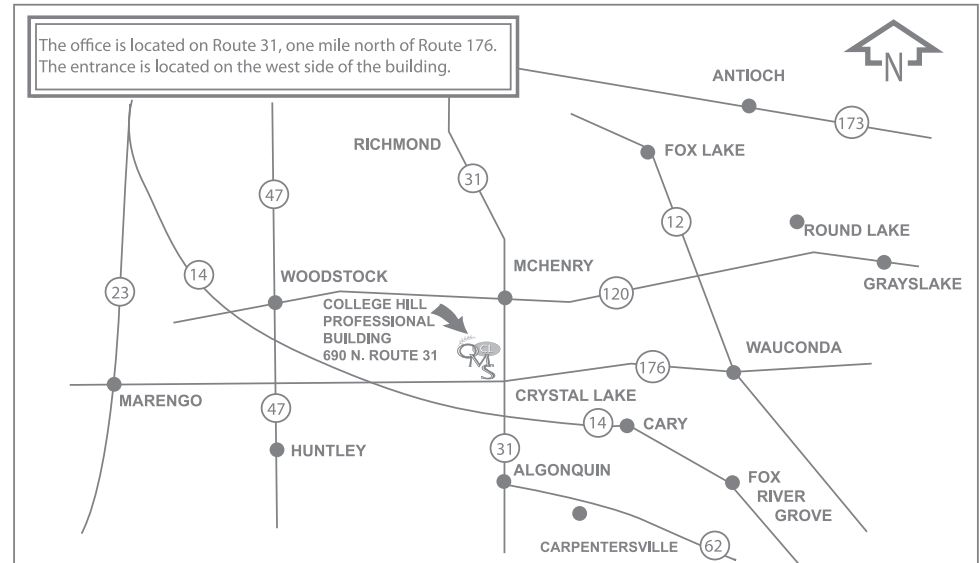
### Patient Instructions:

- Please call (815) 459-5600 to schedule an appointment or consultation. If you have medical problems such as diabetes, heart disease, heart murmur or are taking anticoagulant medication, or aspirin (blood thinners), please tell the receptionist.
- On the day of your appointment, please bring:
 

<input type="checkbox"/> This Referral Form	<input type="checkbox"/> Medical & Dental Insurance Cards
<input type="checkbox"/> Any radiographs your dentist has given you	<input type="checkbox"/> Driver's License
<input type="checkbox"/> A list of all medications with dosages that you are taking	
- If you are going to have intravenous sedation:
  - Do not eat or drink anything for at least 6 hours before your appointment other than daily medications with a sip of water.
  - Bring an adult with you to drive you home
  - Wear loose clothing, preferably short sleeves
- If you are unable to keep your appointment, please call our receptionist at (815) 459-5600 at least 24 hours before your appointment, to reschedule.

Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

Directions to Crystal Lake Oral Surgery  
 690 N. Route 31  
 Crystal Lake, IL 60012



**OFFICE HOURS**  
 Monday – Friday 8:00 AM – 5:00 PM  
 Saturday 8:00 AM – 12:00 NOON  
 These hours may vary occasionally due to hospital surgery and emergencies.

Diplomates of the American Board of Oral & Maxillofacial Surgery | \*Board Eligible

690 N. Route 31 | Crystal Lake, IL 60012 | Ph: 815-459-5600 | F: 815-459-5601

CrystalLakeOralSurgery.com

Huntley: 847-669-2900 Lake Geneva: 262-248-8766 Burlington: 262-763-8101

