



SOCK

DENTAL IMPLANTS & ORAL SURGERY

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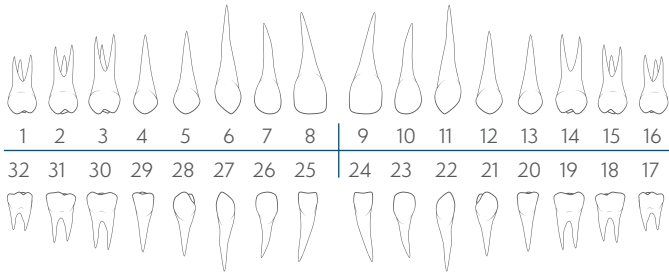
P:215.999.2004 | F:215.999.2008 | office@sockoralsurgery.com

Date: _____ Patient Name: _____

DOB: _____ Patient Phone: _____

Referred by: _____

TEETH OR AREA TO BE EVALUATED



RECOMMENDED PROCEDURE:

- Tooth Extractions / Wisdom Teeth
- Biopsy for Pathology
- Infection
- Expose & Bond
- Dental Implants
- Peri-Implantitis
- Ridge Augmentation / Sinus Lift
- Bone Grafting
- Periodontal Examination
- Recession / Soft Tissue Grafting
- Crown Lengthening
- Other _____

FULL ARCH IMPLANT RECONSTRUCTION:

- Fixed All-on-X
- Removable Locator Overdenture

Notes: _____

INSTRUCTIONS FOR PATIENTS RECEIVING GENERAL ANESTHESIA OR INTRAVENOUS (IV) SEDATION:

- These instructions apply to patients who are scheduled to receive IV sedation or IV general anesthesia as part of their procedure. Certain medical conditions may modify your instructions, or disqualify you as a candidate for anesthesia in our office. Please alert our office of any medical conditions prior to scheduling surgery.
- You may not have anything to eat or drink (including water) for eight (8) hours prior to the appointment. Please make your last meal before fasting a light meal with no alcohol. However, any prescribed medication should be taken with sips of water at least 2 hours before the appointment.
- If you are diabetic or have other health problems, please call our office for special instructions.
- A responsible adult must accompany you to the office, remain in the office during the procedure, and drive you home.
- If you are under 18 years of age you must be accompanied by a parent or guardian responsible for your care.

If you choose not to use this form, referrals may also be made by calling, emailing or visiting our website.

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