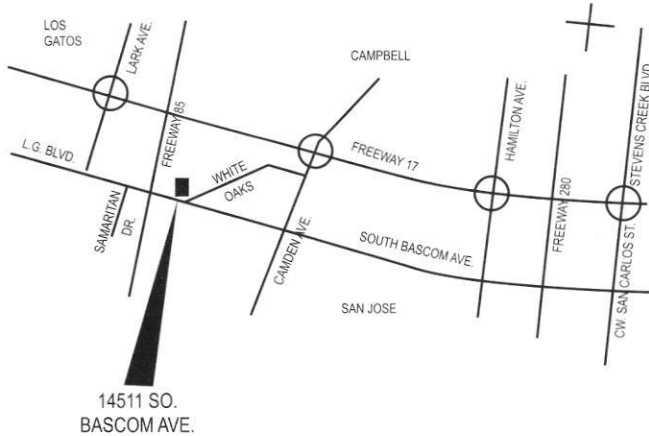


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INTRODUCING: \_\_\_\_\_

APPOINTMENT: \_\_\_\_\_  
 DAY DATE TIME

REFERRING DR.: \_\_\_\_\_  
 DATE

MEDICAL PROBLEM: \_\_\_\_\_

PATIENT'S PHONES: \_\_\_\_\_  
 HOME WORK

INDICATED BY A CIRCLE OR X THE TEETH TO BE REMOVED

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

CBCT Area \_\_\_\_\_

REFERRAL REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ANESTHESIA PREFERRED:  
 GENERAL ANESTHESIA.....   
 NITROUS.....   
 LOCAL.....

SPECIFY IMPLANT BRAND: \_\_\_\_\_  
 \_\_\_\_\_  
 ITERO SCAN PREFERRED? YES  NO   
 SPECIFY LAB .....

**PANORAMIC RADIOGRAPH: [ ] SENDING [ ] TAKE**

INSTRUCTIONS FOR PATIENTS HAVING GENERAL ANESTHESIA OR I.V. SEDATION  
 DISREGARD IF HAVING LOCAL ANESTHESIA ONLY (NUMBING)

- DO NOT HAVE ANYTHING TO EAT OR DRINK 8 HOURS PRIOR TO YOUR APPOINTMENT: NO WATER, NO LIQUIDS, NO FOOD OF ANY KIND.
- ARRANGE FOR A RELATIVE OR FRIEND TO ACCOMPANY YOU HOME AFTER THE OPERATION.
- PLEASE WEAR COMFORTABLE LOOSE FITTING CLOTHING WITH SHORT SLEEVES. WEAR NO JEWELRY.
- PATIENTS UNDER 18 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN. WRITTEN CONSENT FOR OPERATION IS REQUIRED.
- PATIENTS WITH EXTENSIVE HEALTH HISTORY OR TAKING MANY MEDICATIONS, PLEASE CALL US IN ADVANCED FOR INSTRUCTIONS.

ON-LINE PATIENT REGISTRATION AVAILABLE AT [WWW.FOLLMAROMS.COM](http://WWW.FOLLMAROMS.COM)