

# Drs. Smith & Ivers

ORAL AND MAXILLOFACIAL SURGERY

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901-685-8090

Patient's Name \_\_\_\_\_

Referred By: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment time: \_\_\_\_\_

X-Rays:     BEING MAILED     BEING EMAILED     SENT WITH PATIENT     NO X-RAY AVAILABLE

Referred for the following: \_\_\_\_\_

PLEASE INDICATE TEETH TO BE TREATED

Permanent

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

Primary

A B C D E F G H I J K L M N O P Q R S T

**INSTRUCTIONS FOR PATIENTS HAVING SURGERY (READ CAREFULLY)**

1. Unmarried patients under age of 18 must be accompanied by parent or guardian.
2. You may take your usual prescription medications.

**PATIENTS HAVING IV SEDATION MUST COMPLY WITH THE FOLLOWING INSTRUCTIONS:**

3. DO NOT EAT OR DRINK ANYTHING FOR 8 HOURS PRIOR TO SURGERY TIME: except small sip of liquid to take your daily prescription medications
4. Dress casually, short sleeves if possible.
5. A responsible person must accompany you to drive you home. If possible, that person should remain in our office during treatment.
6. If you have questions regarding your surgery, call our office at the numbers above