

In our effort to provide better patient service, please fax/email this form to our office. Also provide the patient with a copy to bring to their appointment. Thank You!

Introducing _____ Date _____

Patient Phone _____ DOB _____

Call to appoint Patient will call Appointment made by referring doctor

Appointment Date _____ Time _____

Referring Doctor _____ Phone _____

Practitioner Request: Dr. Abigail Yazbak Dr. Andrew J. Mills First Available

PLEASE INDICATE AREAS OR TEETH TO BE EVALUATED FOR TREATMENT

UPPER

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

LOWER

Requested Consultation

- Wisdom Teeth Removal
- Bone Grafting
- Infection
- Extraction
- Pathology / Biopsy
- Orthognathic / Jaw Surgery
- Implant(s)
- Expose & Bond
- Zygomatic Implants
- Frenectomy
- Alveoloplasty/ Tori Removal

Radiographs: Emailed: Records@HermitageOS.com

**CLICK TO EMAIL FORM
TO HERMITAGE ORAL
SURGERY**

Given to patient Mailed None

Special Instructions or Comments _____

INSTRUCTIONS FOR YOUR FIRST VISIT

- Please bring all x-rays, this referral slip, pertinent medical information and a list of ALL medications you are currently taking.
- Please alert the office if you have a medical condition that may be of concern prior to surgery. (Bleeding disorders, heart conditions, taking blood thinners, etc.)
- Please bring a photo ID and both your medical and dental insurance cards on the day of your appointment.
- Patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult and surgery.
- Patients with asthma, please bring your inhaler with you to the appointment.

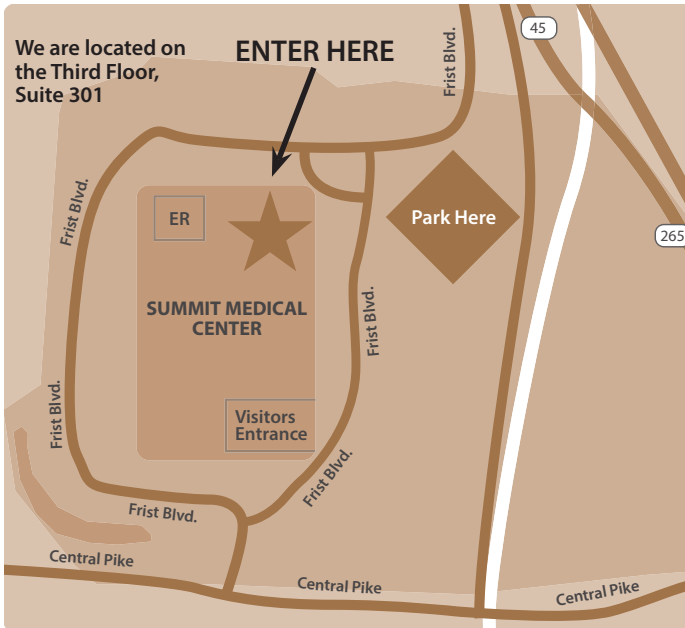
INSTRUCTIONS FOR SEDATION

- Do not eat or drink anything eight (8) hours prior to your surgery. NO FOOD OR DRINK, including water, unless directed by your doctor.
- Most daily medications may be taken prior to surgery with only a SIP of WATER. Please call our office if you have any questions regarding your medications.
- Any patient under eighteen (18) years of age must be accompanied by a parent or legal guardian.
- Wear loose, comfortable clothing with sleeves that can be raised above your elbow.
- If you require corrective lenses, please wear your glasses. No contacts.

Please call our office with any questions! 615-883-0067

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME & STAY WITH YOU FOR SIX HOURS AFTER SURGERY

Please give 48 hours notice if you are unable to keep this appointment.



**5651 Frist Blvd, Suite 301, Hermitage, TN 37076
615-883-0067**