

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 \_\_\_\_\_

**Select Practitioner:** ☐ 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																				
								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16									
R									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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wisdom Teeth Removal | <input type="checkbox"/> Bone Grafting      | <input type="checkbox"/> Infection                  |
| <input type="checkbox"/> Extraction           | <input type="checkbox"/> Pathology / Biopsy | <input type="checkbox"/> Orthognathic / Jaw Surgery |
| <input type="checkbox"/> Implant(s)           | <input type="checkbox"/> Expose & Bond      | <input type="checkbox"/> Zygomatic Implants         |
| <input type="checkbox"/> Frenectomy           | <input type="checkbox"/> Alveoloplasty      |   |

Radiographs: ☐ Emailed: Records@HermitageOS.com

☐ 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.



**616 Brandywine Village Ct, Old Hickory, TN 37138**  
**615-883-0067**