



# Center for Oral Surgery and Dental Implants

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Date \_\_\_\_\_ Time \_\_\_\_\_

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

To expedite your patient care, please provide current insurance information. Thanks!

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

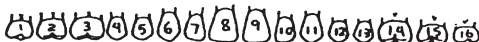
From Dr. \_\_\_\_\_ Phone \_\_\_\_\_

• Please fax to our office •

NOTE TO DOCTOR AND STAFF REFERRING PATIENT: If any unusual circumstances should be known about the patient, please notify Dr. Valiente's office when appointment is made. Thank you.

Please evaluate my patient for:

Extractions



RIGHT



LEFT

DECIDUOUS TEETH



Pre-Prosthetic: \_\_\_\_\_ Tori \_\_\_\_\_ Ridge Augmentation

\_\_\_\_\_ Frenectomy \_\_\_\_\_ Alveoloplasty

\_\_\_\_\_ Vestibuloplasty \_\_\_\_\_ Other

Bone Graft \_\_\_\_\_

Dental Implant \_\_\_\_\_

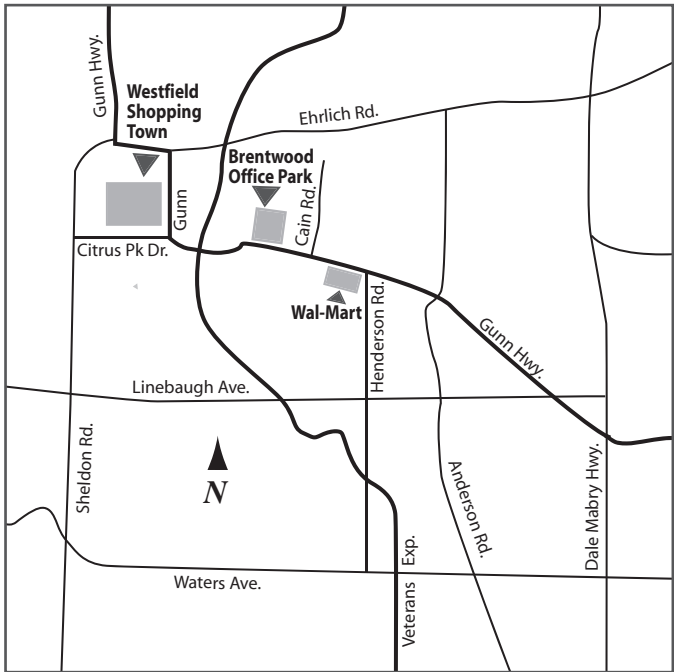
Biopsy (Rule out/differential, color, size, location) \_\_\_\_\_

Other: Orthognatic/Trauma/Remarks: \_\_\_\_\_

Anesthesia Preference:  Local  N<sub>2</sub>O/O<sub>2</sub> Analgesia  General Anesthesia/Sedation

NOTE: Minors should be accompanied by their parent or legal guardian.

Please See Reverse Side For Directions and Patient Information



**NOTE TO PATIENT:**

Most simple procedures are handled on the first visit if the patient desires. However, more difficult procedures that require detailed preparation and a longer surgery time are treated on the appointment following the initial consultation. This affords the patient the opportunity to be informed about the procedures and to make preparations.

If you are desiring sedation anesthesia, please refrain from eating or drinking for six hours before your appointment. An adult will need to come with you to drive you home and cannot leave the office while the procedure is being performed.

**PLEASE BRING THIS SLIP WITH YOU TO YOUR APPOINTMENT**