

PETER DROB, D.M.D., P.C.

Practice Limited to Oral and Maxillofacial Surgery

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Telephone (508) 756-7121**

**LOCATED JUST OFF
PARK AVENUE & PLEASANT STREET
INTERSECTION**

Introducing:

Patient's Name: _____

Appointment: _____
Day Date Time

**PLEASE BRING THIS REFERRAL BOOKLET WITH YOU
TO YOUR OFFICE VISIT**

FOR CONSIDERATION OF THE FOLLOWING:

- Extraction of teeth indicated below:
- Consultation regarding impacted teeth indicated below:
- Consultation regarding _____
- _____ immediate denture(s) will be ready by _____.

RIGHT

LEFT

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

Remarks: _____

Signed by Dr. _____

Date: _____

PATIENT INFORMATION

- I. **General Anesthesia (ONLY IF GOING TO SLEEP)**
 - A. Nothing to eat or drink for at least 8 hours prior to your appointment.
 - 1. Exception – CLEAR LIQUIDS up to 2 hours prior to your appointment.
 - 2. CLEAR LIQUIDS include ONLY the following:
 - a. Water
 - b. Apple Juice
 - c. Carbonated beverages
 - d. Clear tea
 - e. Black coffee
 - 3. Milk or cream in any amount may NOT be added to any clear liquid.
 - B. Cannot have a cold (cough, sore throat or hoarseness).
 - C. Be accompanied by an adult who will drive you home.
- II. **Minor**
 - A. If you are under 18 years of age, please be accompanied by a parent or legal guardian if surgery is to be performed at the visit.
- III. **Medical History Review**
 - A. Be prepared to inform us of:
 - 1. The names of past and present medical conditions.
 - 2. The specific names of medications (include over-the-counter ones) and natural remedies that you are currently taking.
 - B. If on multiple medications, please bring written list of drugs, dosage and directions.

IV. Insurance Matters

- A. Please bring filled out and signed insurance form, insurance card and other pertinent insurance information.**
- B. For consultation visits regarding possible surgery, it would be to your advantage prior to the consultation to contact your medical insurance company regarding your coverage for the following:**
 - 1. Impacted teeth**
 - a. Bony**
 - b. Partial bony**
 - c. Soft tissue**
 - 2. 7 or more extractions**
 - 3. Biopsies**
 - 4. General Anesthesia**
 - 5. "Laughing gas" (nitrous oxide/oxygen analgesia)**
 - 6. Other contemplated oral surgery**