



ASSOCIATES FOR
ORAL, MAXILLOFACIAL & IMPLANT SURGERY, LTD

• *Diplomates, American Board of Oral and Maxillofacial Surgery*

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- 800 Biesterfield Rd. #3010, Elk Grove, IL 60007 (847) 593-0535 • fax (847) 593-5134
 (Brock Medical Plaza at Alexian Bros. Med. Ctr.)

Introducing _____ Date _____

Referred by _____ Appt. _____

Please evaluate the following treatment

- Dental Implants
 - Nobel
 - Zimmer
 - ITI / Straumann
 - BioHorizons
 - 3i
- Extraction
 - Apicoectomy
 - Frenectomy
 - Biopsy
- Orthognathic Surgery
 - Surgical Tooth Exposure
 - Preprosthetic / Reconstructive Surgery
 - TMJ Evaluation

PLEASE REMOVE TEETH MARKED

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	A B C D E								F G H I J								
	T S R Q P								O N M L K								

Instructions _____

EMAIL ADDRESS: info@oralsurgeryil.com

If you are unable to keep your appointment, please notify our office at least 48 hours in advance.

PRE-OPERATIVE INSTRUCTIONS:

If you take Blood Thinners, medications for Osteoporosis, have Diabetes, have had Heart Valve Surgery, or Joint Replacement Surgery, please contact us prior to your appointment for special instructions.

Your mouth and teeth should be well cleaned immediately before your appointment.

ALL MINORS MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.

GENERAL ANESTHESIA OR IV SEDATION:

1. NOTHING TO EAT OR DRINK (INCLUDING WATER OR COFFEE) SIX (6) HOURS PRIOR TO SURGERY.
2. The night before surgery eat a light, easily digestible meal and do not consume any alcohol.
3. Under no circumstances are you to drive the day of surgery. We request that your driver remain in the waiting room during your surgery.
4. Wear comfortable, short sleeve clothing and no jewelry. Long hair should be tied back.
5. No strenuous exercise the day of surgery.

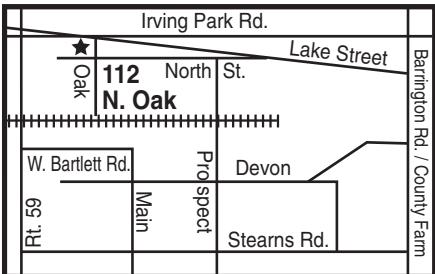
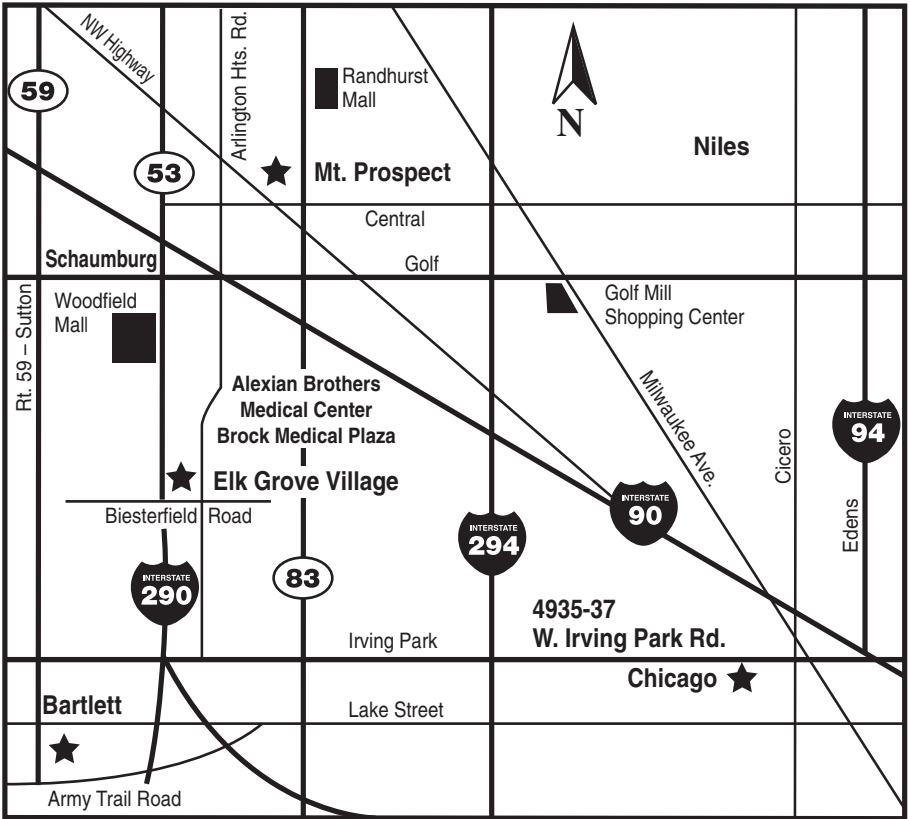
www.oralsurgeryIL.com

INSURANCE AND PAYMENT

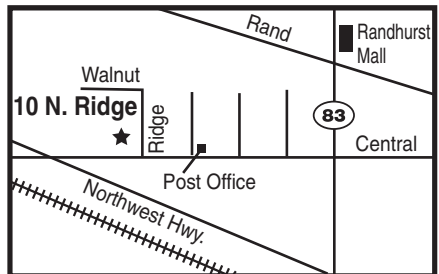
If you have insurance, it is your responsibility to call your insurance company to verify your benefits and deductible. You must bring your insurance cards with you. As a courtesy, we will file your insurance for you; however, the financial obligation for the treatment we provide is your responsibility.

If you do not have insurance, payment in full is expected at the time of service unless prior arrangements have been made.

Cash, checks and all major credit cards are accepted.



BARTLETT



MT. PROSPECT