DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY



451 Dental Science Building South lowa City, IA 52242-1001

319-335-7457 Fax: 319-335-7465

Oral Surgery Clinic

Richard G. Burton, DDS, MS Steven L. Fletcher, DDS	Kirk L. Fridrich, DDS, MS Douglas E. Kendrick, DDS	Kyle M. Stein, DDS William J. Synan, DDS
Date:		
Patient legal name:		Date of birth:
1 2 3 4 5 6 7 8 9 10 11 12 13 32 31 30 29 28 27 26 25 24 23 22 21 20	3 14 15 16	 SPECIAL INSTRUCTIONS FOR PATIENTS DAY OF SURGERY All Patients: If under 18 years of age, parental (or guardian) consent is necessary prior to any surgical procedure. Diabetics call for special instructions. Payment arrangements must be made prior to surgery.
	NWW	Local Anesthesia Only Patients:
RIGHT LEFT	 If local anesthesia only is to be used, you may drink and eat as usual. Intravenous (IV) Sedation, General Anesthesia or Nitrous Oxide Patients: 	
T S R Q P ON M L Requested surgery/consultation:		 No food or fluid (including water, coffee, and soda) within 8 hours of your appointment. The previous meal should be light and easily digested. Wear loose-fitting clothing. Sleeves should be easily drawn up above the elbows.
		 Please empty your bladder and bowel before the appointment. If you use contact lenses, please leave them out or bring
Appoint patient with: Dr. Burton Dr. Fridrich Dr. Fletcher Dr. Kendrick Faculty with first available appointm	☐ Dr. Stein ☐ Dr. Synan ent	 their case and remove prior to surgery. A responsible adult must accompany you to the Oral Surgery Clinic, remain in the building, be available to drive you home after your procedure, and be your caregiver at home.
Radiographs: Attached To transfer patient records and radiogra eDossea, a HIPAA compliant and secur	e website. Call Central	• Following sedation or general anesthetic, you must not drive an automobile, operate any dangerous machine, or undertake any responsible business matters for the next 24 hours.
Records at 319-335-7429 for instruction name/phone number, patient name/date radiographs made.	-	• If, prior to your procedure, you develop a cold, fever, or otherwise become ill, please contact us at 319-335-7457. Your appointment may need to be rescheduled.
Referring dentist:		
Address:		
Telenhone:	F_n	nail·

www.dentistry.uiowa.edu