



Sheng Ji, DDS, MD

Oral & Maxillofacial Surgery

6600 MADISON AVE., SUITE 10, CARMICHAEL, CA 95608

TEL: (916) 961-1902 FAX: (916) 961-1662

INFO@JIORALSURGERY.COM

WWW.JIORALSURGERY.COM

DATE _____

PATIENT _____

PATIENT PHONE NUMBER _____

REFERRING DR. _____

REFERRING DR. PHONE NUMBER _____

PLEASE MARK (X) IF FOR EXTRACTION

Patient's Right

Patient's Left

A B C D E ■ F G H I J

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

-----Right-----Left-----

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

OTHER SURGERY INSTRUCTIONS:

____ BIOPSY ____ IMPLANT/PRE PROSTHETIC SURGERY

____ TMJ EVALUATION ____ ORTHOGNATHIC SURGERY

REMARKS: _____

CURRENT X-RAYS: MAILED EMAILED SENT W/ PATIENT PLEASE TAKE

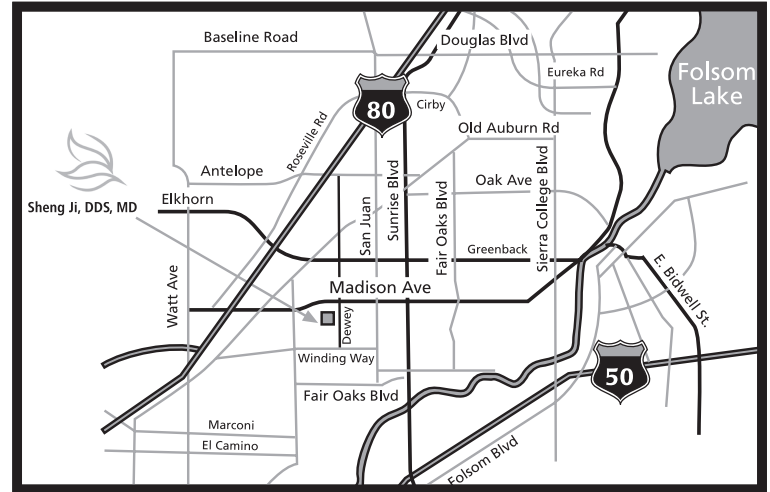
APPOINTMENT INFORMATION:

In most cases, it is necessary to see the patient for consultation prior to the day of surgery. The consultation appointment is to discuss your health and indicated surgery, as well as to set aside an appointment time for surgery. If for any reason you cannot keep your appointment, kindly notify us 24 hours in advance.

PRE-OPERATIVE INSTRUCTIONS:

On the day of your surgery or if surgery is done at the time of consultation, please follow these instructions:

1. Do not EAT or DRINK anything for at least 8 hours before surgery appointment.
2. Take your regular medications with a minimum amount of liquid. (Diabetics need special instructions.)
3. A relative or adult friend MUST accompany you home. Do NOT plan to drive a car or return to work until the day after general anesthesia.
4. Wear comfortable and loose fitting clothing, short sleeves are preferred.
5. Minors MUST be accompanied by a parent or guardian.
6. Please notify this office of any change of health.



□ 6600 Madison Ave., Suite 10
Carmichael, CA 95608
Tel: (916) 961-1902
Fax: (916) 961-1662
www.jjoralsurgery.com