



ORAL SURGERY ASSOCIATES OF CENTRAL GEORGIA

TOM SZAKAL, D.D.S.
ORAL AND MAXILLOFACIAL SURGEON

Diplomat of the
American Association of
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(478) 971-8811
(478) 971-4591

Name of Patient _____

Address _____ Phone _____

Referred by Dr. _____

DATE OF APPOINTMENT _____ **TIME:** _____

Instructions and Recommendations from referring Doctor: _____

Please indicate below teeth for removal:

				A	B	C	D	E	F	G	H	I	J				
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	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				

INSTRUCTIONS FOR GENERAL ANESTHESIA PATIENTS

- (1) Nothing to eat or drink for 7 hours prior to surgery.
- (2) Bring someone to stay in the office while your surgery is being done.
- (3) Patients under 18 years of age must be accompanied by a parent or legal guardian.
- (4) Patients are advised to wear loose - fitting sleeves.
- (5) Please bring this referral sheet and any x-rays with you to our office.