

FALLSGROVE ORAL & MAXILLOFACIAL SURGERY

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Introducing \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

**I. TEETH TO BE REMOVED**

1. Please circle teeth  
to be removed on  
tooth chart at right.

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
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							

2. Is a recent panoramic x-ray or periapicals available?

Yes  No

**II. CONSULTATION FOR:**

- Implants  Wisdom Teeth  Other  
 TMJ  Pathology  
 Trauma  Orthognathic Surgery

Comments: \_\_\_\_\_

**Pre-Operative Instructions for Receiving General Anesthesia**

1. Do not eat or drink *anything* (not even water) for at least 8 hours prior to your appointment.
2. You must come with a responsible adult to drive you home after your appointment.  
Minors must be accompanied by a parent or legal guardian.
3. Wear a loose fitting shirt. If you wear long sleeves you must be able to roll them up all the way without them being too tight on your arm.
4. Please write down the names of any medications you take.
5. Please notify us if you have had a cold or have been ill in the past week.

\_\_\_\_\_ Please send us additional referral slips. Dr. \_\_\_\_\_

