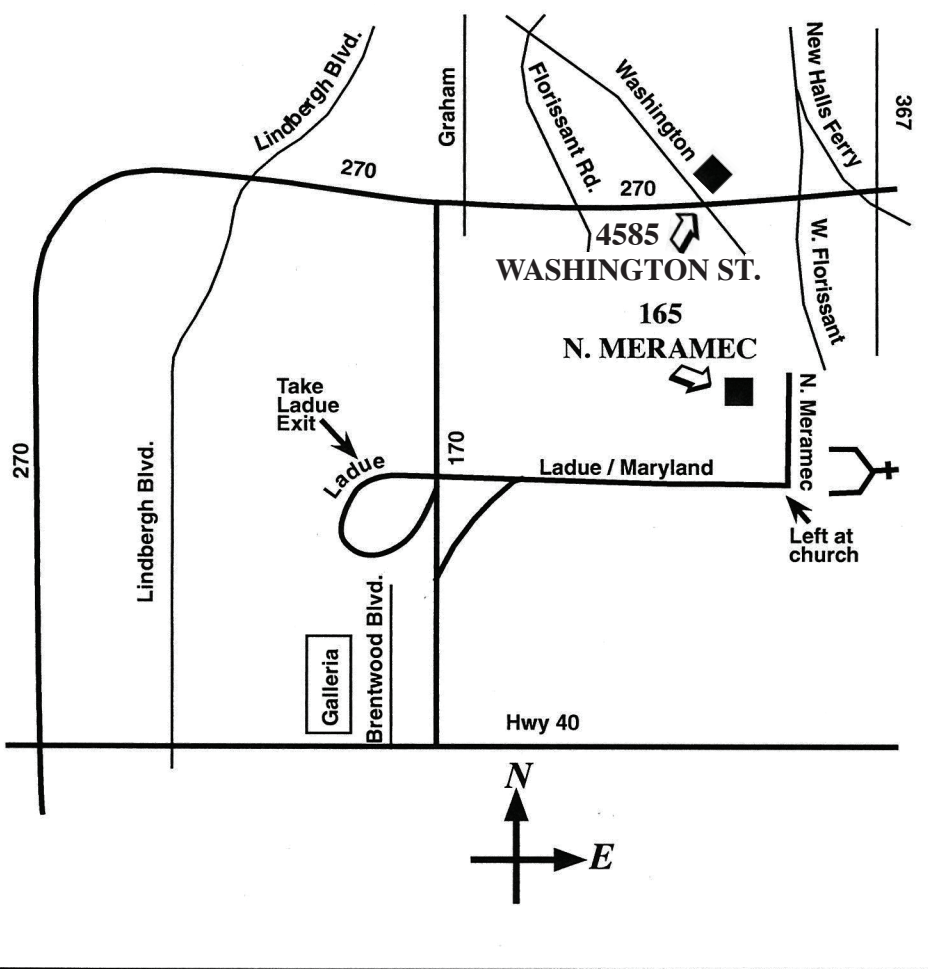


INSTRUCTIONS TO PATIENTS

1. Your appointment is on _____ at _____ AM / PM.
2. Your appointment is with Dr. _____.
3. If you have **x-rays**, please arrange to have them sent or bring them with you.
4. If you are taking **medicine** of any kind, bring a list of the medications and the dosage.
5. If you wish to have general anesthesia or sedation you **must**:
 - A. Have nothing to eat or drink after midnight.
(Medications may be taken with a sip of water.)
 - B. Bring a responsible adult to drive you home.



4585 WASHINGTON ST., SUITE B4
FLORISSANT, MO 63033
(314) 921-1129 FAX 921-9532

SCOTT F. NOLEN, DMD
HIRAN R. FERNANDO, DDS

Diplomates American Board of Oral
and Maxillofacial Surgery

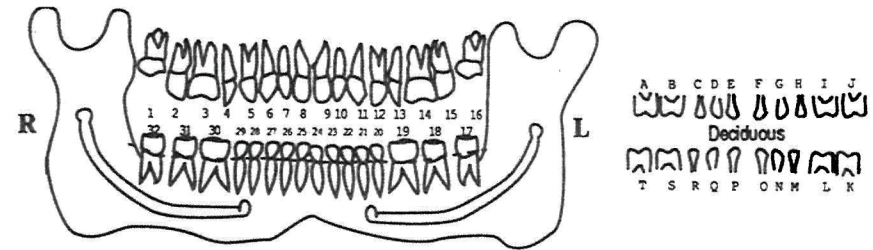
165 N. MERAMEC, SUITE 300
CLAYTON, MO 63105
(314) 726-2755 FAX 726-9538

Introducing: _____ To Dr.: _____

Referred by: _____ Date: _____

REFERRED FOR:

- | | |
|---|---|
| <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> General Anesthesia | <input type="checkbox"/> Facial Pain |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> TMJ Disorder |
| <input type="checkbox"/> Reconstructive Jaw Surgery | <input type="checkbox"/> Other _____ |



ADDITIONAL INSTRUCTIONS: _____

IMPORTANT
See other side