oral surgery																	
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Appointment information: This time is especially reserved for you. If you must cancel your appointment, please notify us at least one day in advance. Date																	
Introducing																	
Referring for																	
Referred by					Telephone												
Please Indicate Areas or Teeth to be Evaluated for Treatment																	
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Specia	l Inst	ructi	ons &	Com	ments												

Instructions to Patients

You have been referred for specialized care to an Oral & Maxillofacial Surgeon. Please assist us by providing the following information at the time of consultation:

- Please complete patient forms @ www.cherrycreekoralsurgery.com (Click) For Patients
- A list of all medication (prescription and non-prescription) you are currently taking.
- Bring a copy of Dental and Medical Insurance Cards.
- If you are scheduled for IV Sedation, nothing to eat or drink for 8 hours before.

