In our effort to provide better patient service, please fax/email this form to our office. Also provide the patient with a copy to bring to their appointment. Thank You!

Date: ___________________________

Patient’s Name: ___________________________

Patient’s Phone: ___________________________

Referred By: ___________________________

PLEASE INDICATE AREA TO BE TREATED

☐ Wisdom Teeth
☐ Extraction
☐ Extraction & Socket Graft
☐ Implant
☐ Bone Graft
☐ Sinus Augmentation
☐ Exposure / Expose & Bond
☐ Preprosthetic Surgery
☐ Tori
☐ Cosmetics
  ☐ Botox
  ☐ Fillers
  ☐ Chemical Peel
  ☐ Pelleve
☐ Frenectomy
☐ TMJ
☐ Biopsy
☐ Other: ___________________________

REMIXKS / SPECIAL INSTRUCTIONS:

Please see the reverse for additional information and a map to our office. Please bring any x-rays or insurance information with you to your appointment.
Special Instructions for Sedation Patients

1. Patients who will be sedated must have NO FOOD OR DRINK, including water, at least 8 hours prior to surgery.

2. You must arrange for someone to drive you home after the surgery and DO NOT DRIVE for the remainder of the day. Your driver must accompany you to your surgery appointment.

3. Any unmarried patient under the age of 18 years of age must be accompanied by a parent or guardian at the time of the surgery.

4. Please take normal morning medications with a small sip of water.

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