



BRET A. AVRA, DMD, PSC
ORAL & MAXILLOFACIAL SURGERY

2605 KENTUCKY AVE., DOB #3, SUITE 302 • PADUCAH, KY 42003-3802
PHONE: 270-443-1717 • 1-866-JAW-SURG • FAX: 270-443-0517

Patient's Name _____ Date: _____
Referring Dr.'s Name _____
Remarks _____

SERVICES REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> Anesthesia: <input type="checkbox"/> General <input type="checkbox"/> IV Sedation <input type="checkbox"/> Local | <input type="checkbox"/> Orthognathic Surg. |
| <input type="checkbox"/> Alveoplasty/Pre-Prosthetic Surg. | <input type="checkbox"/> Surgical Expose & Bond |
| <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> X-ray Evaluation |
| <input type="checkbox"/> Extraction/Impaction | <input type="checkbox"/> X-rays: <input type="checkbox"/> mailed |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> given to pt. |
| <input type="checkbox"/> Implant | |
| <input type="checkbox"/> I & D | |
| <input type="checkbox"/> Other _____ | |

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
Right								Left							
A				B				C				D			
T				S				R				Q			
E				F				G				H			
P				O				N				M			
I				J				K				L			

Signed _____ Date _____
Referring Doctor

APPOINTMENT Date: _____ Time: _____

PATIENT INSTRUCTIONS

- Please contact our office before your appointment** to discuss your health history. There are several medical conditions and medications, which may require further evaluation and/or coordination prior to surgery or anesthesia.
- Bring a list of all current medications and drug allergies to your appointment.**
- Do not eat or drink anything, including water, after midnight** the night before your surgery. If you take medications in the morning, then call our office to confirm which medications can be safely taken prior to surgery/anesthesia.
- You must be accompanied by a responsible adult or if under the age of 18, a legal guardian.**
- Contact our office if you display any symptoms of a cold/upper respiratory infection before your appointment, as it may be necessary to reschedule your surgery/anesthesia.
- In consideration to other patients, kindly notify our office 24 hours in advance if you are unable to keep this appointment.
- Map and directions on the reverse side of this paper.



DIRECTIONS:

GOING WEST ON I-24:

- Take **exit #7**, turn Right at light onto **Lone Oak Rd** – go ~1.7 mi
- Turn Right on **Broadway St.** – go ~ 0.5 mi
- Turn Right on **S. 28th St** – go ~ 0.1 mi
- Turn Left on **Kentucky Ave** – go ~ 0.2 mi
- Parking Garage** on Right, **Doctor's Office Building 3** on Left

GOING EAST ON I-24:

- Take **exit #4**, turn Left at light onto **Hinkleville Rd** – go ~ 1.1 mi
- Continue on **Park Ave** – go ~ 1.3 mi
- Turn Right on **Joe Clifton Dr/N 28th St** ~ 0.8 mi
- Continue onto **S. 28th St** ~ 0.1 mi
- Turn Left on **Kentucky Ave** – go ~ 0.2 mi
- Parking Garage** on Right, **Doctor's Office Building 3** on Left