



LAWRENCE H. ZAGER, DDS

Oral & Maxillofacial Surgery

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Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel appointment for surgery, please notify us at least two days in advance during normal business hours.

Date:
Introduction:
Home #: Cell #:
Referred by:
Telephone: E-Mail:

A consultation will be done at your initial visit.

Payment is due at the time of service. We accept cash, check, and all major credit cards. Please provide us with both your medical and dental insurance, your insurance will be billed for this initial visit and they will reimburse you directly for whatever they cover.

This form is a permanent part of the medical-legal record.

- 1. Please do not eat or drink for six (6) hours prior to your surgery. This includes, food, water, coffee soda, milk juice, ect. However, those who need to take medication for blood pressure, blood clots, diabetes or other ailments may do so with a little water as possible. Please inform us if you have ever taken any bisphosphonates such as Fosamax, Boniva or Actonel.
2. Wear flat walking shoes, comfortable clothes (loose fitting) and leave the contact lenses, rings, bracelets and other jewelry at home.
3. A responsible adult is needed to accompany you home and any minor under 18 years of age needs a legal guardian to sign the consent.
4. If you being treated for other health problems such as asthma, hypertension cancer, diabetes, fertility, post M.I., radiation therapy or other special needs, then please inform Dr. Zager and bring a list of the medications and doses, as well as your physician's office phone/fax number.
5. Please refrain from bringing babies and young children to the office during treatment. This will help you and other patients have a more comfortable experience.

Table with columns A-J and rows 1-16 for dental charting. Includes 'Right' and 'Left' labels and letters T-S-R-Q-P-O-N-M-L-K.

Evaluation/Treatment:

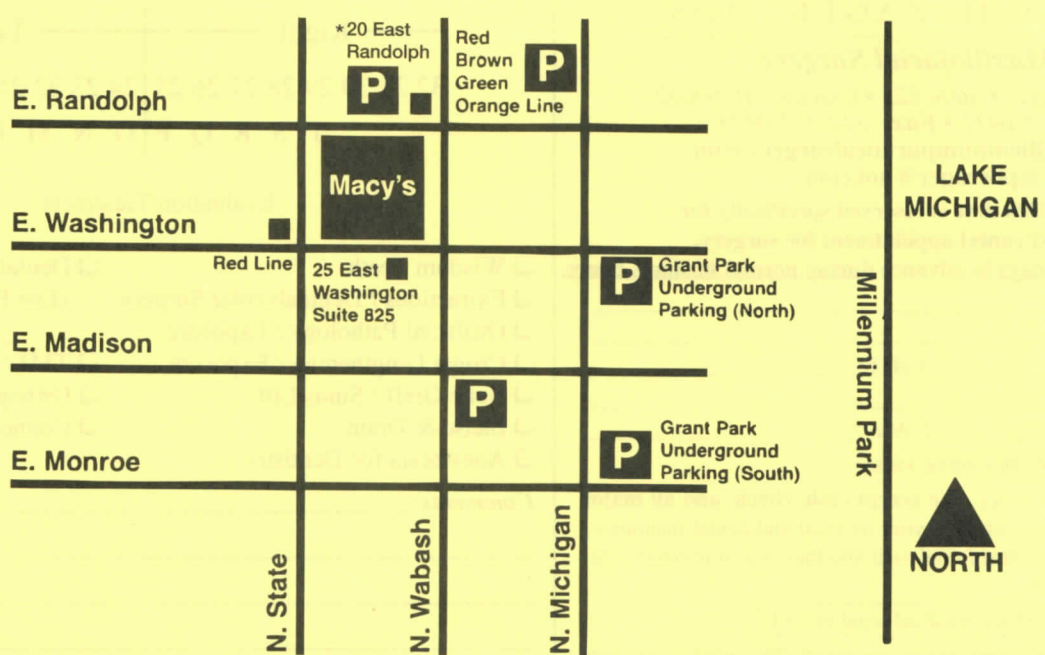
- Wisdom Teeth
Extractions / Dentoalveolar Surgery
Orofacial Pathology / Exposure
Crown Lengthening / Exposure
Bone Graft / Sinus Lift
Incise & Drain
Anesthesia for Dentistry
Dental Implant(s) (List Preferred System)
TMJ / Facial Pain
Orthognathic Eval.
Connective Tissue Graft

Comments:

Radiographs: Please take X-rays Given to Patient X-rays mailed
Circle the following: Panoramic Periapical Occlusal Film
Simplant CT-scan MRI
Other:

Visit Us On Our Website www.millenniumparkoralsurgery.com for information regarding consultations and various treatment, parking, payment options and available appointments. Bring your referral slip with X-rays from your doctor and the proper dental / medical insurance forms. We look forward to meeting you!

Dr. Lawrence H. Zager & Staff.



PARKING:
\* Validated Parking - 20 East Randolph
• Metered on Street
• Parking Garages
Macy's, Wabash/Randolph
Grant Garage Underground Mich. Ave

PUBLIC TRANSPORTATION:
Buses: 3, 6, 56, 131, 127, 151, 1451
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EL STOP: Red, Green, Brown, &