



Introducing _____

Date _____

P. DWAYNE GROSS, DDS

KEVIN D. GROSS, DDS

This patient has been requested to call your office for an appointment for the following:

- Dental Implant Evaluation
- Emergency Dental Implant Evaluation
- Extraction
- Extraction with Socket Preservation
- Wisdom Tooth Evaluation
- Surgical Orthodontic Evaluation
- Oral Pathology Evaluation
- Pre-Prosthetic Evaluation
- Other: _____

Remarks: _____

INSTRUCTIONS:

1. Patients wishing general anesthesia or sedation should not eat or drink anything for 6 hours previous to visit, and must be accompanied by a licensed driver.
2. Bring all pertinent medical information and a list of all medications you are taking.
3. Any unmarried patient under 18 years old must be accompanied by a parent or guardian during any office visit.
4. If you have medical or dental insurance, bring the necessary completed forms or referrals. This will save time and allow us to help you process any claims.


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



P. DWAYNE GROSS, DDS

KEVIN D. GROSS, DDS


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