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**Appointment Information:** This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify our office **at least 48 hours in advance.**

Today's Date: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

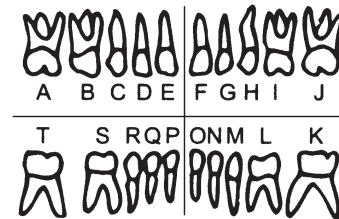
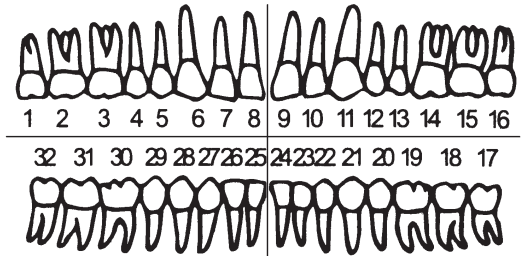
Referred By: \_\_\_\_\_

Name

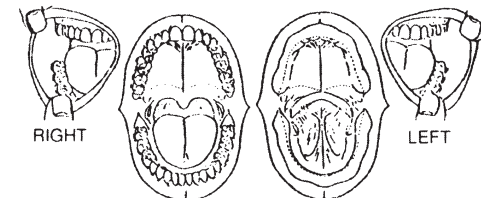
Phone

- |   |  |   |   |
|---|--|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Extraction</li> <li><input type="checkbox"/> Tori Removal</li> <li><input type="checkbox"/> Alveoplasty</li> <li><input type="checkbox"/> Biopsy / Pathology</li> <li><input type="checkbox"/> Infection</li> <li><input type="checkbox"/> Expose &amp; Bond</li> <li><input type="checkbox"/> Trauma / Injury</li> <li><input type="checkbox"/> Soft Tissue Grafting</li> <li><input type="checkbox"/> Frenectomy</li> </ul> | <p><b>IMPLANTS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surgical Guide</li> <li><input type="checkbox"/> provided by restor. dentist</li> <li><input type="checkbox"/> provided by surgeon</li> <li><input type="checkbox"/> Astra</li> <li><input type="checkbox"/> Straumann</li> <li><input type="checkbox"/> Zimmer</li> <li><input type="checkbox"/> Immed. Implant</li> <li><input type="checkbox"/> Other: _____</li> </ul> | <p><b>CONSULTATION:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Orthognathic Evaluation</li> <li><input type="checkbox"/> Implants</li> <li><input type="checkbox"/> Pre-Prosthetic</li> <li><input type="checkbox"/> Facial Cosmetics</li> <li><input type="checkbox"/> Bone Grafting / Ridge Augmen.</li> <li><input type="checkbox"/> Orthodontic Anchorage Screws</li> <li><input type="checkbox"/> Other: _____</li> </ul> | <p><b>RADIOGRAPHS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mailed</li> <li><input type="checkbox"/> Panorex</li> <li><input type="checkbox"/> PA</li> <li><input type="checkbox"/> Given to Patient</li> <li><input type="checkbox"/> Please Take</li> <li><input type="checkbox"/> Please Call</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|---|--|---|---|

Please mark (X) teeth or areas to be treated



SOFT TISSUE CHART



## ATTENTION PATIENTS

*This appointment time is reserved specifically for you. If by necessity you must change your appointment, please notify us at least two business days in advance.*

Your initial visit with the exception of certain emergency cases, is for consultation only. This allows us to fully review your health history and determine the most appropriate treatment for you. If you have any special medical problems or are taking any medications, please bring this to our attention at your appointment.

Any patient under 18 years of age must be accompanied by a parent or legal guardian at the consultation appointment.

Estimates of fees are given only after review of x-rays and examinations. Please bring all insurance information to your first appointment, including insurance company name, telephone number, subscriber's social security number, ID number and a copy of your insurance card.

## SPECIAL INSTRUCTIONS FOR PATIENTS RECEIVING I.V. SEDATION

*Please note that in most instances the patient is seen first for consultation to review the health history, decide on the most appropriate anesthesia and treatment plan and schedule the surgery at a separate appointment. The following only applies if surgery is done at the first appointment.*

1. Patients who will receive I.V. Sedation or general anesthesia must have NO FOOD OR DRINK, including water, at least 6 hours prior to surgery unless otherwise instructed by their surgeon. Some medications may be continued and this will be discussed at your consultation.
2. A responsible person must accompany you and remain in our office during your treatment. They must also be able to drive you home. Do not plan to drive you home. Do not plan to drive an automobile the day of the procedure.
3. Any unmarried patient under the age of 18 must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at the time of operation).



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