AUBURN ORAL SURGERY

Laith Azzouni, D.M.D.
Layeeq Ahmed, D.M.D.
838 Southbridge St., Auburn, MA 01501
(508) 832-0919 Fax (508) 832-0426

Patient's Name _____

Day _____ **Date** _____ **Time** _____

Appointment Information: This time is reserved specifically for you. If you must cancel your appointment, **please notify us at least ONE day in advance.**

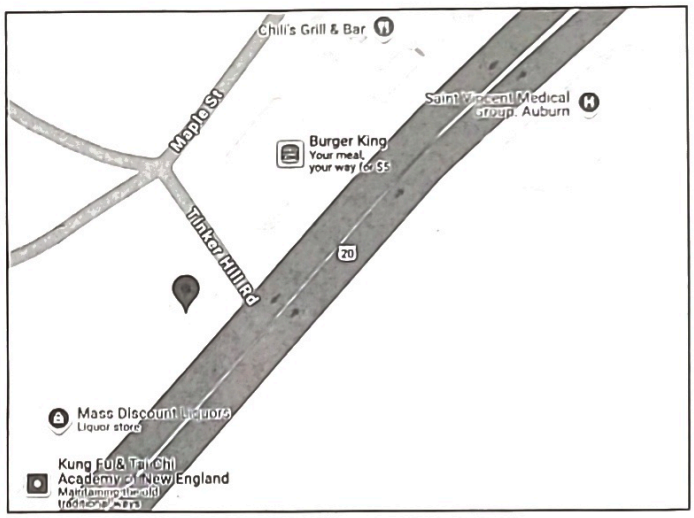
SPECIAL INSTRUCTIONS

I. Contact your medical doctor regarding medications.
II. **Patients who will be receiving SEDATION MUST HAVE A CONSULT.**
III. **Please prepare to give us a complete medical history including:**
- Past and present medical conditions.
- Specific names of medication(s) you are currently taking including dosage(s) and directions.

IV. **Please be prepared to provide insurance information including:**
- **Both medical & dental cards.**
- **Be prepared to make a payment.**
  Cash, Visa, MC NO PERSONAL CHECKS

V. Patients taking Blood Thinners
_____

VI. Patient on Bone Density
(Fosamax, Prolia etc.)
_____ - MUST HAVE CONSULT



Please remember that most insurance is intended to cover some, but not all of your treatment. Most plans include PATIENT CO-PAY or deductible expenses that MUST BE PAID BY THE PATIENT AT THE TIME OF SERVICE. It is to your advantage to check with your insurance company to verify coverage before your visit.

Other Procedures (Comments):

	right		left
Extraction	1 2 3 4 5 6 7 8		9 10 11 12 13 14 15 16
Implant	A B C D E		F G H I J
Evaluation	T S R Q P		O N M L K
Biopsy	32 31 30 29 28 27 26 25		24 23 22 21 20 19 18 17
Other			

Referred by Dr. _____

Date: _____ Phone: _____