

DIPLOMATES, AMERICAN BOARD ORAL
AND MAXILLOFACIAL SURGERY

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FELLOWS OF AMERICAN ASSOCIATION OF
ORAL AND MAXILLOFACIAL SURGEONS

From Dr. _____

Patient's Name: _____

Appointment Date: _____

Please Evaluate/Treat For:

- ____ Extraction
- ____ Biopsy
- ____ Incision & Drainage
- ____ Apicoectomy
- ____ Retrograde Amalgam
- ____ TMJ Dysfunction
- ____ Alveoplasty
- ____ Torus Removal
- ____ Tuberosity Reduction
- ____ Vestibuloplasty
- ____ Frenectomy
- ____ Exposure
- ____ Implants/Bone Graft

Remarks: _____

**We welcome you as a new patient and our staff will try
to make you as comfortable as possible.**

PREPARATION FOR APPOINTMENT:

- 1) NO FOOD OR BEVERAGE** for 6 hours before appointment **except** medicine routinely taken as prescribed by your physician, unless otherwise advised. **Bring** a list of these medicines with you.
- 2) Please advise our office prior to your appointment of the following:**
 - a) Diabetes
 - b) If you are taking blood thinner medications
 - c) Heart conditions warranting pre-op antibiotic coverage (murmur, mitral valve prolapse, rheumatic fever, and valve prolapse, and valve replacement)
 - d) Bisphosphonate drugs (Fosamax, Actonel, Boniva)
- 3) Wear loose, accessible clothing, no jewelry, no flip flops.**
- 4) You have to have a responsible driver come with you and they have to stay in the office with you while you are having surgery.** Your driver will need to pick up your prescriptions. You will need someone at home with you for several hours. **We will not do surgery unless a responsible driver is with you.**
- 5) Bring all DENTAL and MEDICAL INSURANCE forms** the day of your appointment. If you do not have an insurance card, we need the address where to file your claim, policyholders name, ID#, and date of birth of the policyholder.

(SEE MAP ON BACK)