

Florida Dental Implants & Oral Surgery Referral Form

TODAY'S DATE _____

PATIENT NAME _____

DATE OF BIRTH _____ APPT. DATE _____

PATIENT TEL. # _____

REFERRING DOCTOR _____

PROVIDER Dr. David Kirkpatrick Dr. Harley Richards

	A	B	C	D	E		F	G	H	I	J				
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				

- New Teeth Now Implants
 - ___ Maxillary
 - ___ Mandibular
 - ___ Full Mouth
- Single Implants
- Wisdom Tooth Removal
- Extractions
- Bone Graft
- Socket Graft
- Intravenous Anesthesia
- CT Scan
- Expose and Bond
- Oral Pathology
- Facial/Oral Trauma
- Other

SPECIAL INSTRUCTIONS _____

If you will be under anesthesia, please read below.

- 1 DO NOT EAT OR DRINK ANYTHING INCLUDING WATER, FOR AT LEAST 6 HOURS PRIOR TO YOUR PROCEDURE.**
- 2** The night before surgery, eat a light, easily digestible meal, consume no alcoholic beverage and retire early.
- 3** Your mouth and teeth should be cleaned before your appointment.
- 4** Any patient under 18 years of age must be accompanied by parent or legal guardian or spouse at time of surgery.
- 5** Wear comfortable, loose-fitting, short-sleeved clothing. Remove contact lenses.
- 6** If you have had any illness or are under the care of a physician, please be sure to inform us.
- 7** The morning of surgery you should take all prescription medications (with the exception of the ones we instruct you to discontinue) with a small sip of water.
- 8** Bring any legal documents including: Healthcare, Proxy, list of medications, DNR, POA and/or guardianship to your initial appointment.
- 9** A responsible person over 18 must accompany you and remain in our office during your treatment. They must be able to drive you home. Do not plan to drive an automobile the day of the procedure.

Harley M. Richards, DDS

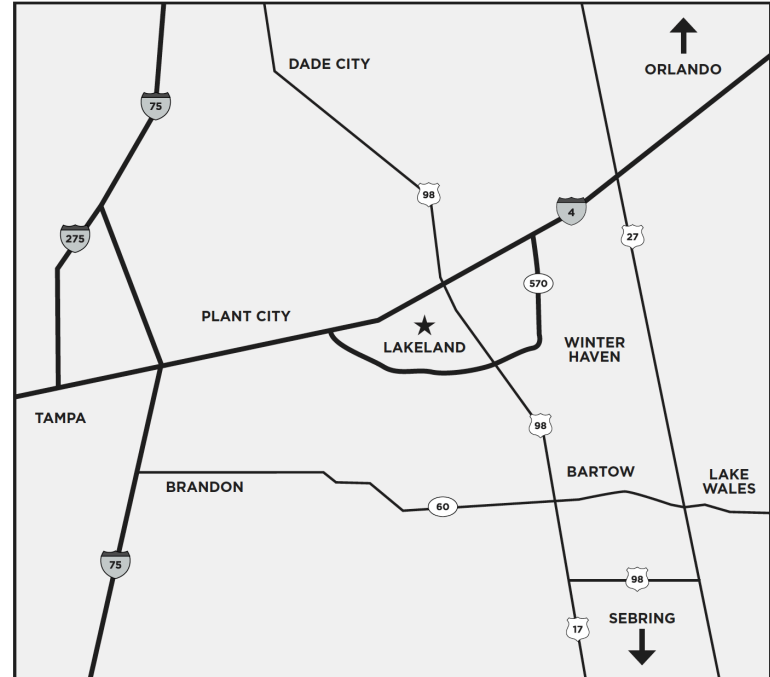
David R. Kirkpatrick, DMD, FACS

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P 863-665-8878 | F 863-665-1096



**NEW TEETH
NOW**



To complete the New Patient Paperwork
before your appointment, please visit:

NewTeethNow.com