

Michiana Oral & Maxillofacial Surgery, L.L.C.

Jay Asdell, D.D.S.

Diplomate, American Board of Oral & Maxillofacial Surgery

707 N. Michigan St. Memorial Medical Plaza, Ste. 300

South Bend, IN 46601

(574) 289-0080 or (800) 736-6053

(574) 287-6320 (fax)

michianaomfs.com

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

Date _____ Time _____ Day _____

Introducing _____

Referred by _____

Welcome To Michiana Oral & Maxillofacial Surgery

You have been referred for specialized care to an oral and maxillofacial surgeon. Our office is committed to providing you with the highest quality of care and we will make your visit with us as comfortable as possible. To help us in scheduling your appointment, please remember the following:

1. The initial visit, with the exception of certain emergency cases, is for consultation only. This enables us to fully evaluate your problems and tailor the care to your specific needs.
2. Unmarried patients under 18 years of age must be accompanied by a parent or legal guardian at the time of the initial visit.
3. Please bring your surgical referral slip and any x-rays, if applicable, as well as all pertinent medical information and a list of all medications you are currently taking.
4. If you have medical or dental insurance, please bring the necessary cards. This will save time and allow us to more efficiently process any claims.

Please Circle Teeth to be Treated

Right

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 |

Deciduous

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

Extraction

OTHER PROCEDURES

Biopsy

Frenectomy

Exposure

Exposure & Bond

Lesion Evaluation

RADIOGRAPHS

Being Mailed

Given to Patient

Please Take

Emailed

CONSULTATION

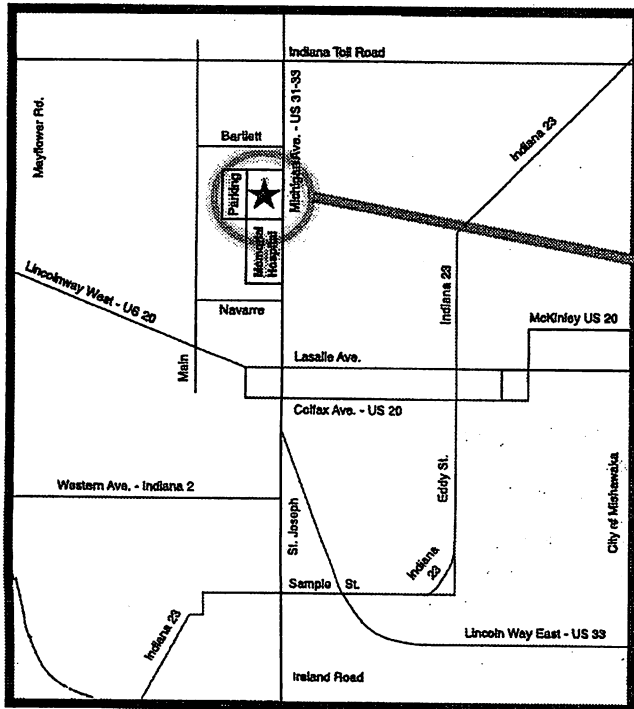
Orthognathic Evaluation

Implants

Pre-prosthetic

IMPLANTS: _____

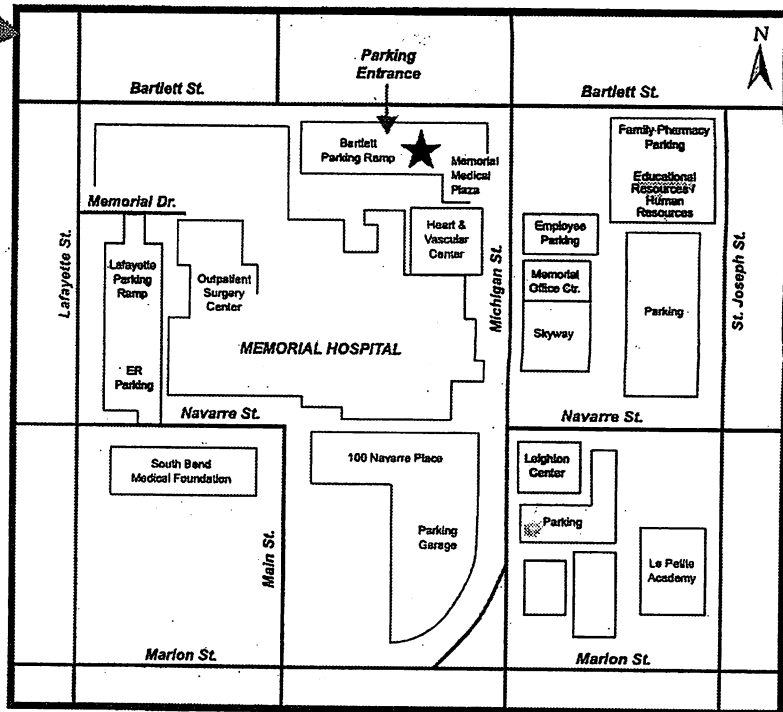
REMARKS OR SPECIAL INSTRUCTIONS: _____



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