



# FOSIC

Folsom Oral Surgery And Implant Center

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Diplomate of the American Board of Oral and Maxillofacial Surgery

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Patient Name \_\_\_\_\_

Patient Phone \_\_\_\_\_

Referred by \_\_\_\_\_ Appt. Time \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Referral Date \_\_\_\_\_

**X-RAY:**     with patient     emailed/mailed     take x-rays

**TREATMENT REQUEST:**

extraction     dental implant     biopsy     CT Scan

orthognathic surgery     expose / bond     trauma

other \_\_\_\_\_

**REMARKS:**

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

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



**PLEASE SEE OTHER SIDE FOR  
PATIENT INSTRUCTIONS**



# Patient instructions

In most cases it is necessary to see the patient for a consultation appointment prior to the day of surgery. The consultation appointment is reserved for you to discuss your health and the indicated surgery, as well as to set aside an appointment time for surgery. *If for any reason, the consultation or surgical appointment cannot be kept, kindly notify us 24 hours in advance so that others may use the time reserved. Minors MUST be accompanied by a parent or guardian.*

## Preoperative Instructions

***Please Read Carefully***

## The Evening Before Surgery:

1. Eat a light dinner
2. Get a good night's sleep

## The Day of Surgery:

1. **NO food or fluids for at least 8 hours before the appointment.** If the appointment is in the morning, eat a light, easily digestible meal the night before (no dairy products); nothing after going to bed and nothing upon arising (except water and medications up to 2 hours beforehand). If the appointment is in the afternoon, you may eat a small, light, easily digestible meal early in the morning, and nothing after that.
2. A relative or friend **MUST** accompany you to the office, and accompany you home.
3. Wear short sleeve clothing.
4. Minors **MUST** be accompanied by a parent or guardian.
5. Please remove contact lenses prior to surgery.

**NOTE:** Please notify this office of any changes in health e.g. stomach upset, cough, cold, sore throat, etc.

