

GIBSON & LEAVITT

Oral, Maxillofacial, and Implant Surgery

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In our effort to provide better patient service, please advise the patient that in most cases they may come immediately to our office for an x-ray and to initiate the insurance pre-authorization process. Please fax or email this form to our office. Thank you!

INTRODUCING: _____ REFERRAL IS THE COURTESY OF: _____

TODAY'S DATE: ___/___/___ PATIENT ADDRESS: _____

BIRTHDATE: ___/___/___ SEX: _____ CONTACT PHONE: _____

DIAGNOSIS _____

Oral Surgery Procedures To Be Performed

- Extraction, Teeth # _____ Would you like to discuss implants? Yes No
- Alveoloplasty Apicoectomy Biopsy Exposure Expose, bond
- Frenectomy Incision, drainage Trauma Other _____

Consultation For Reconstructive Surgery

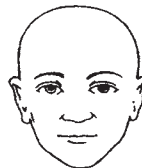
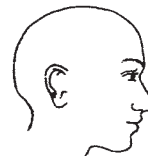
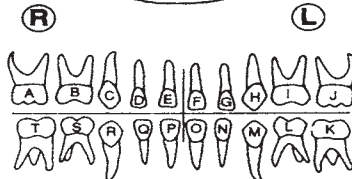
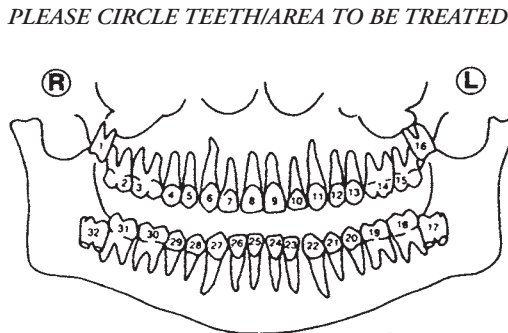
- Dental Implants Bone Graft Facial Trauma
- Orthognathic Evaluation Reconstructive Jaw Surgery
- Soft Tissue Graft TMJ Evaluation
- Other: _____

Radiographs

- Enclosed Given to Patient Please Take

Management, Medical or Treatment Concerns _____

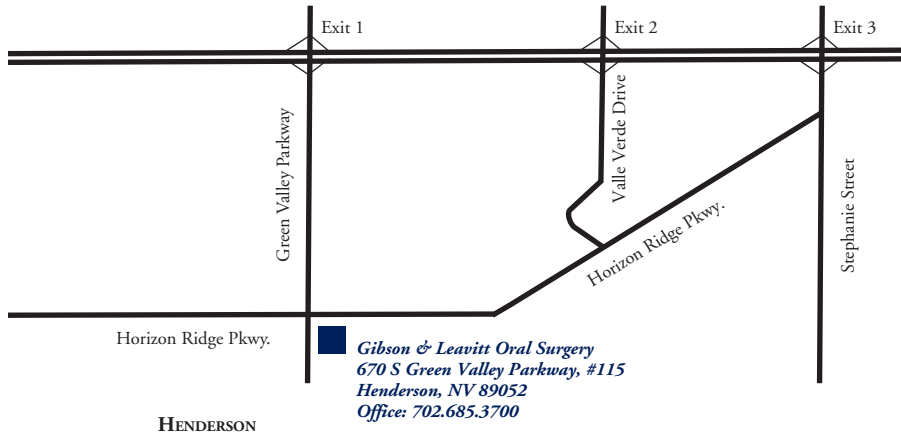
PLEASE CIRCLE TEETH/AREA TO BE TREATED



To Our Valued Patients:

Your appointment is time specially reserved for you. If you cannot keep your appointment, please inform the office one day in advance so the time may be given to another patient.

Thank You



Our office staff will gladly provide additional directions for your travel to our office, and information on local accommodations. Parking is available at the office.

For Patients with consultation appointments:

If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.

If you are taking medicine or herbal substances of any kind, bring them with you or prepare a list of the medication(s) including dosages.

For Patients to be sedated during surgery:

1. Do not eat or drink anything the day of your surgery. A sip of water may be taken with approved medications.
2. Clean your teeth and mouth well prior to surgery.
3. Arrange for a responsible adult to accompany you and to drive you home. Your driver must come into the office and be present during surgery.
4. Any patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery.
5. Index fingers need to be free of nail polish, gel and acrylic.
6. Please fill out New Patient paperwork at ryangibsonoralsurgery.com.