



College of Dentistry and Dental Clinics

Department of Oral
and Maxillofacial Surgery

Oral Surgery Clinic

451 Dental Science Building South
Iowa City, IA 52242-1001
319-335-7457
Fax: 319-335-7465

FACULTY PRACTICE - Please appoint with:

Richard G. Burton, DDS, MS, FACS

Aaron D. Figueroa, DDS

Steven L. Fletcher, DDS, FACS

Kirk L. Fridrich, DDS, MS, FACS

Timothy J. Holton, DDS, MS

Douglas E. Kendrick, DDS

Kyle M. Stein, DDS, FACS

William J. Synan, DDS

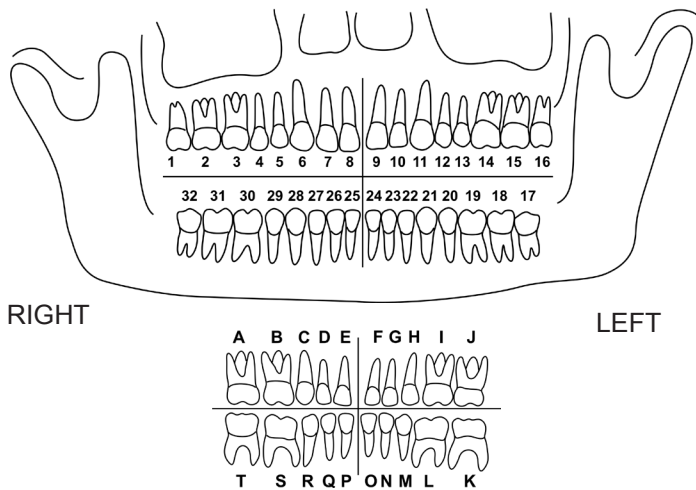
Date: _____

Patient legal name: _____ Date of birth: _____ Gender: _____

Patient address: _____

Patient phone: _____ Cell phone: _____

Name of dental insurance: _____ E-mail: _____



SPECIAL INSTRUCTIONS FOR PATIENTS DAY OF SURGERY

All Patients:

- If under 18 years of age, parental (or legal guardian) consent is necessary prior to any surgical procedure.
- Diabetics call for special instructions.
- Payment arrangements must be made prior to surgery.

Local Anesthesia Only Patients:

- If local anesthesia only is to be used, you may drink and eat as usual.

Intravenous (IV) Sedation, General Anesthesia or Nitrous Oxide Patients:

- No food or fluid (including water, coffee, and soda) within 8 hours of your surgery appointment. The previous meal should be light and easily digested.
- Wear loose-fitting clothing. Sleeves should be easily drawn up above the elbows.
- Please empty your bladder and bowel before the appointment.
- If you use contact lenses, please leave them out or bring their case and remove prior to surgery.
- **On the day of surgery a responsible adult must accompany you to the Oral Surgery Clinic, remain in the building, be available to drive you home after your procedure, and be your caregiver at home.**
- Following sedation or general anesthetic, you must not drive an automobile, operate any dangerous machine, or undertake any responsible business matters for the next 24 hours.
- If, prior to your procedure, you develop a cold, fever, or otherwise become ill, please contact us at 319-335-7457. Your appointment may need to be rescheduled.

Requested surgery/consultation:

Radiographs: Attached To be taken

To transfer patient records and radiographs electronically, please use our HIPAA compliant and secure website. Call Central Records at 319-335-7429 for instructions. Include your office name/phone number, patient name/date of birth, and date radiographs made.

Referring dentist: _____

Address: _____

Telephone: _____

E-mail: _____