CENTRAL MASS ORAL & MAXILLOFACIAL SURGERY, P.C.

www.centralmassoms.com

Patient Name _____ Date _____

Appointment Date _____ Time _____

Appointment Location

80 Erdman Way, Suite 201
Leominster, MA. 01453
978-534-8300
978-840-8508 Fax

OR

386 Elm St.
Gardner, MA. 01440
978-632-7270
978-632-7198 Fax

Referred by _____

Referred to First Available Surgeon | Dr. Brenner | Dr. Colarusso | Dr. Connors | Dr. Hedstrom | Dr. Wright

Services Requested _____

Special Concerns _____

Extractions, please circle the desired tooth number/letter

Deciduous Teeth

upper right					upper left				
A	B	B	D	E	F	G	H	I	J
E	D	C	B	A	A	B	C	D	E
E	D	C	B	A	A	B	C	D	E
T	S	R	Q	P	O	N	M	L	K
lower right					lower left				

Permanent Teeth

upper right								upper left							
1	2	3	4	5	6	7	8	9	#	#	#	#	#	#	#
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
lower right								lower left							

Instructions for Patient

Please bring this referral slip from your dentist and any x-rays.
You may pre-register for your appointment at www.centralmassoms.com
Otherwise. . . Please arrive 20 minutes before your surgery time to register.
Minors must be accompanied by a parent or legal guardian.
Please bring all dental & medical insurance information with you.
You may brush your teeth prior to your appointment.

If you plan on having general anesthesia or I.V. sedation. . .
Do not have *anything* to eat or drink for 6 hours, before your appointment.
You may take any normally scheduled medications with a sip of water.
Bring someone to stay with you and drive you home.
Please wear clothes that are comfortable and cool. Preferably short sleeves.