

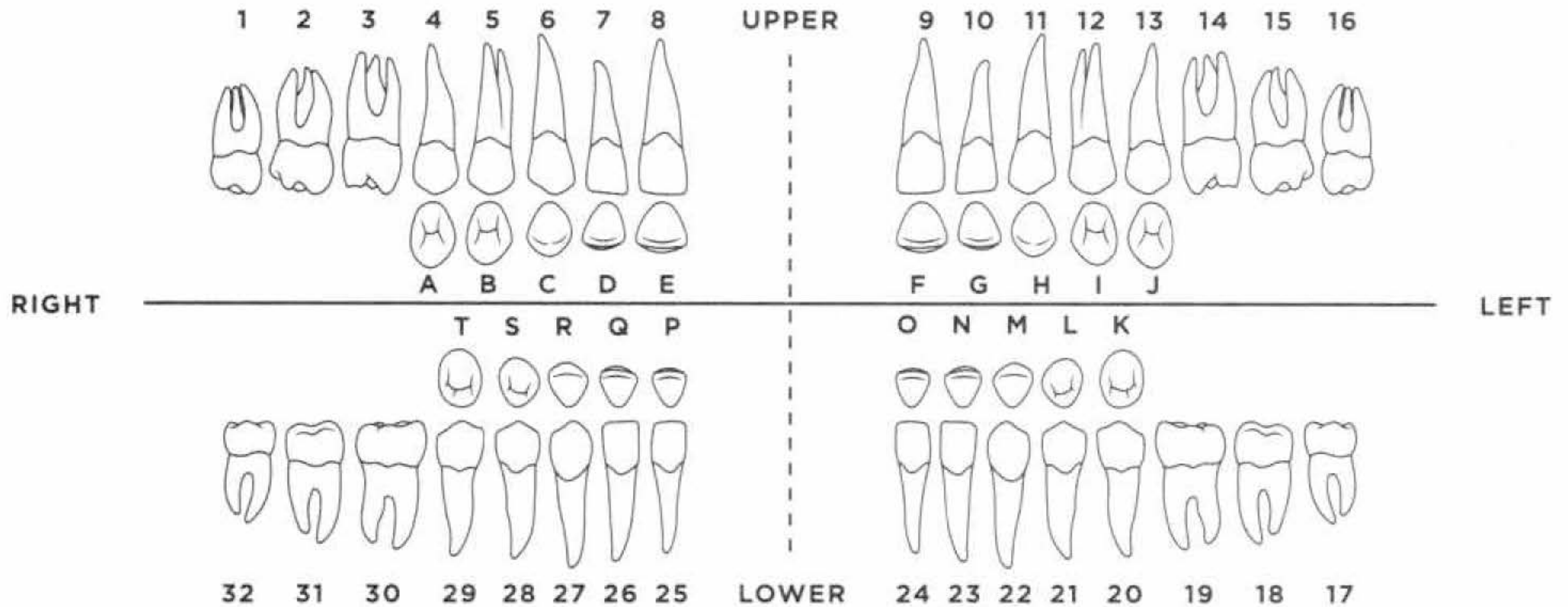


Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Wisdom Teeth       Dental Implants       Orthognathic Surgery Consultation

Other \_\_\_\_\_

Special Instructions \_\_\_\_\_



Appointment \_\_\_\_\_ Time \_\_\_\_\_

X-Rays Included       Yes       No      Email X-Rays to: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

\* If you are scheduled for intravenous anesthetic, DO NOT EAT or DRINK anything for 8 hours before your appointment and bring someone to drive you home.



**ELEVATED**  
Oral and Maxillofacial Surgery

**REFERRAL**  
OralSurgeryElevated.com

**Dr. James MacDowell**

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