

*Diplomates of the American Board of Oral & Maxillofacial Surgery

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Oral Surgery Referral
APPOINTMENT SCHEDULING

952-841-9676
www.omscmn.com

Centennial Lakes Medical Bldg.
7373 France Ave. S., Suite 602
Edina, MN 55435
(p) 952.835.5003 • (f) 952.835.9598
(e) edina@omscmn.com

Wayzata Medical Building
250 N. Central Ave., Suite 126
Wayzata, MN 55391
(p) 952.835.5003 • (f) 952.475.0637
(e) wayzata@omscmn.com

Savage Medical Building
6350 143rd St., Suite 206
Savage, MN 55378
(p) 952.835.5003 • (f) 952.435.7548
(e) savage@omscmn.com

Dell Professional Building
7770 Dell Road, Suite 100
Chanhassen, MN 55317
(p) 952.835.5003 • (f) 952.975.3808
(e) chan@omscmn.com

Date _____ Time _____

I would like to present _____

Date Of Birth _____

Please take Radiograph Radiographs emailed

Date of Radiograph _____ Pano PA CBCT

| A B C D E | | | | | | | | F G H I J | | | | | | | |
|-----------|----|----|----|----|----|----|----|-----------|----|----|----|----|----|----|----|
| 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 | | | | | | | | LEFT | | | | | | | |

REASON FOR REFERRAL

- | | | |
|--|---|--|
| <input type="checkbox"/> Extraction/Surgical Removal | <input type="checkbox"/> TMJ Consult | <input type="checkbox"/> Implant Consult |
| <input type="checkbox"/> Uncovery/Surgical Exposure | <input type="checkbox"/> Orthognathic Consult | <input type="checkbox"/> Astra |
| <input type="checkbox"/> Apical Surgery | <input type="checkbox"/> Trauma/Facial Fracture | <input type="checkbox"/> Straumann |
| <input type="checkbox"/> Pathology | | |

Comments: _____

Referred by: (please print) _____

Phone Number: _____

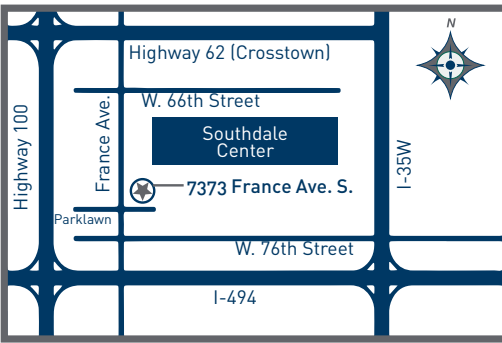
SPECIAL PATIENT INSTRUCTIONS

ATTENTION: LOCAL ANESTHESIA PATIENTS ONLY

If local anesthesia only is to be used, you may eat and drink as usual. Please brush your teeth prior to your appointment.

ATTENTION: PATIENTS WHO WILL BE SEDATED

1. Do not eat or drink anything (including water, coffee, soda) within 8 hours of your appointment & brush teeth prior
2. If you take prescription medications, take them as prescribed with a minimal amount of water only.
3. A responsible adult must accompany you, remain with you in the office, drive you home and be available to stay with you eight hours after you return home.
4. Following IV sedation, you must not drive an automobile, operate any dangerous machinery, or undertake any responsible decision making for the next 24 hours.
5. Please wear short or loose fitting sleeves.
6. If you wear contact lenses, please leave them out or bring a case and remove them prior to surgery.
7. If prior to your procedure you develop a cold, fever, or otherwise become ill, please contact us (952) 841-9676 (your appointment may need to be rescheduled).
8. Patients under the age of 18 must be accompanied by a parent or guardian.
9. Please verify your insurance coverage prior to making your appointment. In order to process your insurance properly, you must bring your insurance ID cards to your appointment. Payment arrangements must be made prior to your surgery visit.



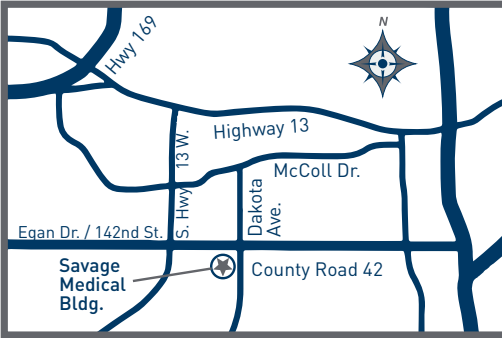
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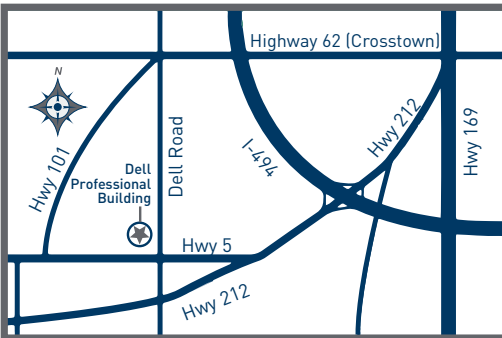
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