



MCLEAN ORAL, FACIAL & IMPLANT SURGERY

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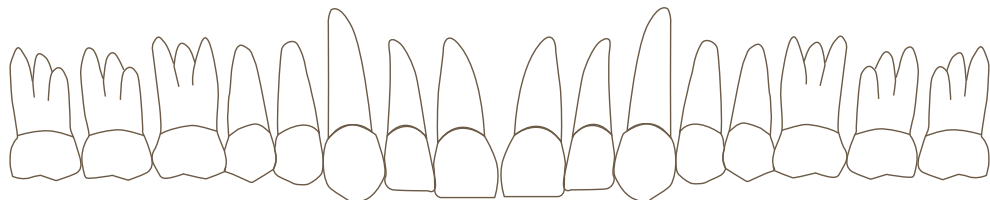
Date: _____

Introducing: _____

Referred by Dr. _____

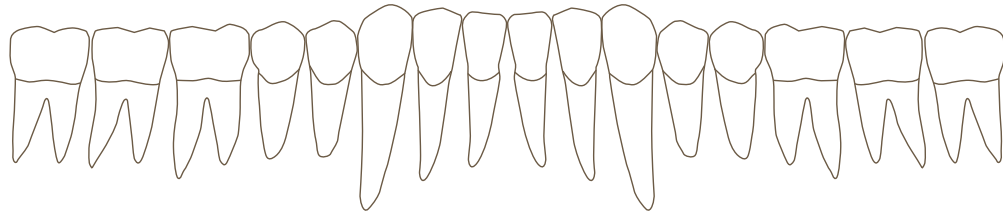
Surgery to be performed: _____

Permanent

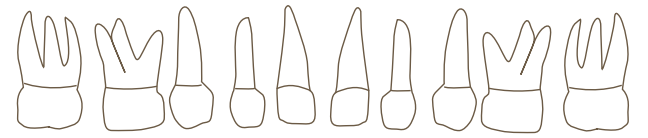


1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

R 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 **L**



Deciduous



A B C D E F G H I J

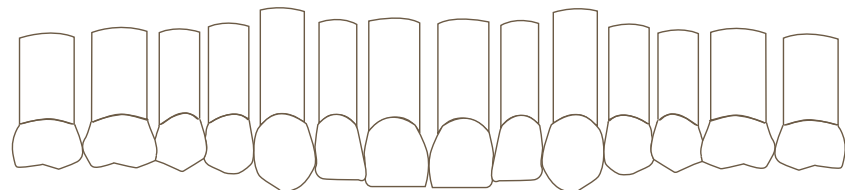
R T S R Q P O N M L K **L**



MARK (X) FOR EXTRACTION

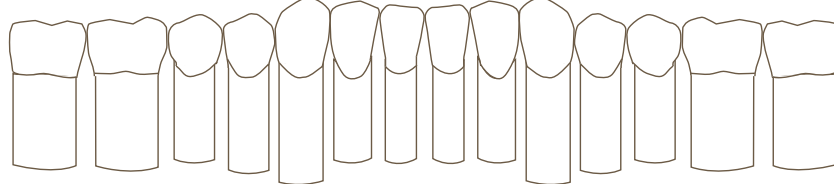
Comments: _____

Implant Placement



2 3 4 5 6 7 8 9 10 11 12 13 14 15

31 30 29 28 27 26 25 24 23 22 21 20 19 18



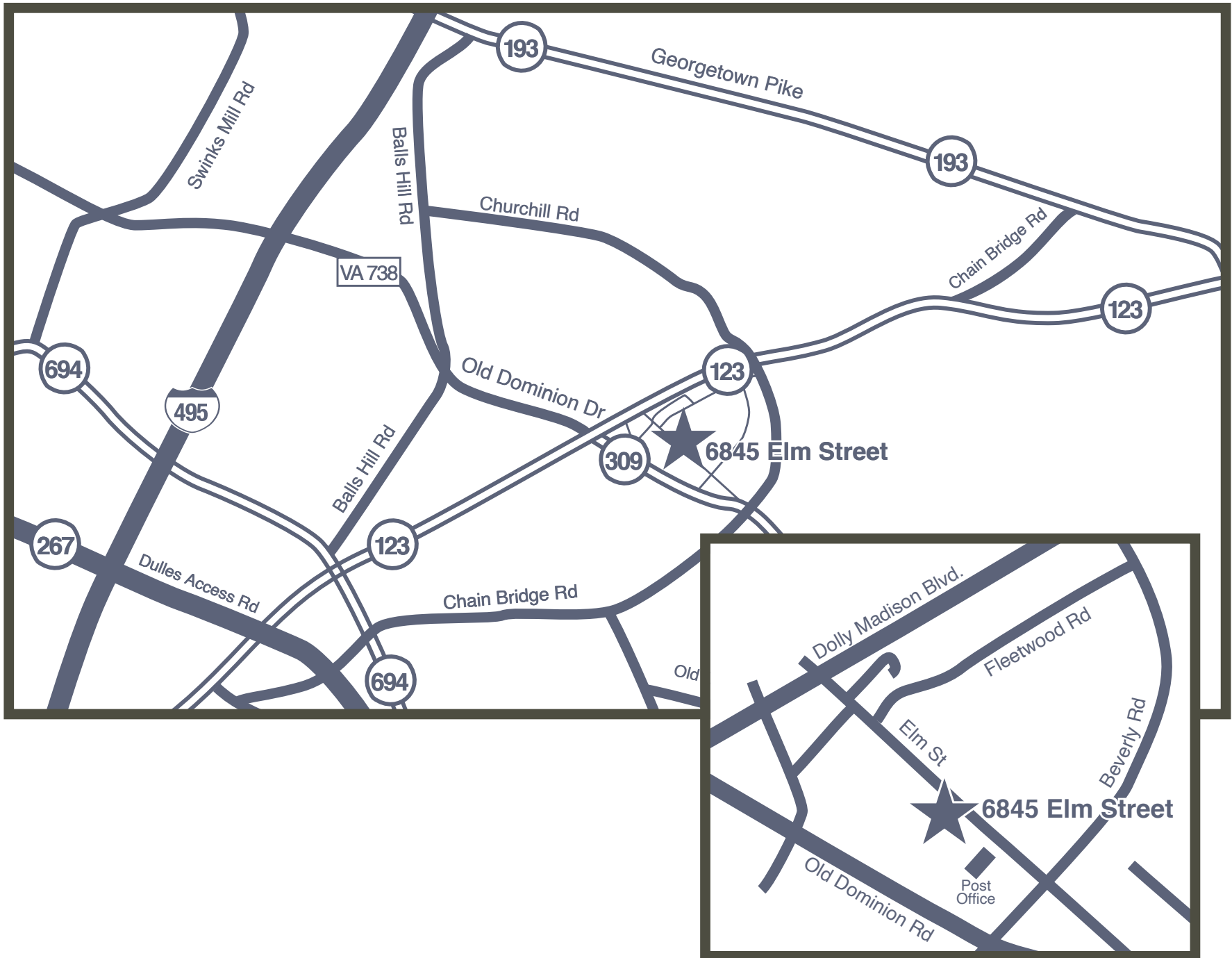
PLEASE SHADE IMPLANT(S) TO BE PLACED

AUXILIARY PROCEDURES: _____

IMPORTANT NOTICE

If general anesthesia or sedation is requested, please do not eat or drink for at least 8 hours before appointment. You will need to arrange a ride home.

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SPECIAL PATIENT INSTRUCTIONS

ATTENTION: LOCAL ANESTHESIA PATIENTS ONLY

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

ATTENTION: PATIENTS WHO WILL BE SEDATED

1. Do not eat or drink anything (including water, coffee, soda) within 8 hours of your appointment.
2. If you take prescription medications, take them as prescribed with a minimal amount of water only.
3. A responsible adult must accompany you, drive you home and be available to stay with you six hours after you return home.
4. Following sedation or general anesthetic, 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 (703-867-9499). Your appointment may need to be rescheduled.
8. Patients under the age of 18 must be accompanied by a parent or guardian.

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