Oral and Maxillo Facial Surgeons For Northern Illinois

Dr. Todd M. Anderson
Dr. David M. Junck

Diplomates of the American Board of Oral & Maxillofacial Surgeons

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Telephone: 815.895.3000
Fax: 815.895.0505
Website: www.omfs4ni.com

Patient's Name: _____ Referred by Dr.: _____ Date: _____

Appointment Date: _____

Please evaluate/treat for:

- ❏ Teeth Extraction
- ❏ Implants
- ❏ Pre-Prosthetic Surgery
- ❏ Surgical Root Canal
- ❏ TMJ Dysfunction
- ❏ Pathological Condition
- ❏ Orthognathic Surgery
- ❏ Trauma

RADIOGRAPHS: ❏ Given to patient ❏ Mailed ❏ Emailed ❏ Take radiograph

Instructions to Patients

On the day of your appointment, please bring:

- This card
- Any x-rays that your dentist gave you
- Medical and dental insurance cards
- A list of the current medications and doses that you are taking.
- Call us or visit **www.omfs4ni.com** for further instructions.

❏ Intravenous sedation or general anesthesia:

- **Do not eat or drink anything** for at least 6 hours before your appointment
- A licensed driver MUST come with you and remain in our office during the procedures.

Special Instructions: _____