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SERVING THE SOUTHCOAST FOR OVER 40 YEARS
ORAL AND MAXILLOFACIAL SURGERY & DENTAL IMPLANTOLOGY

WWW.OSASOUTHCOAST.COM

WELCOME TO OUR OFFICE:

Our office is committed to providing you with the highest quality of care possible. The following time is reserved specifically for you. If by necessity you must cancel your appointment, please notify us at least **48 hours** in advance.

Appt. Date: _____ Time: _____ Day: _____

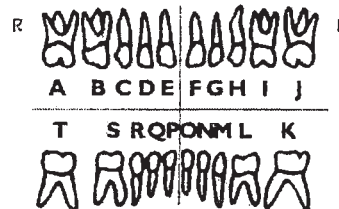
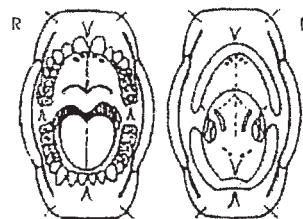
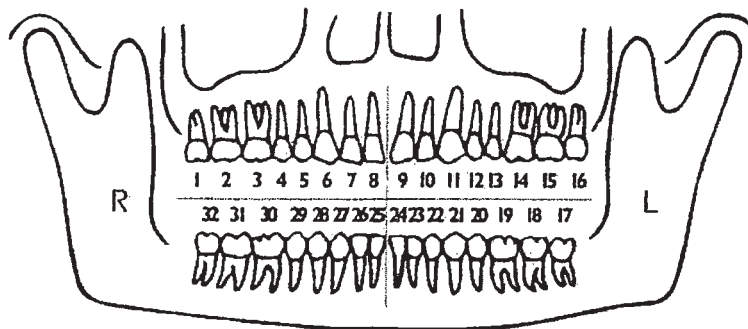
Patient's Name: _____

Referred By: _____

REMARKS / SPECIAL INSTRUCTIONS: _____

PATIENTS CAN PRE-REGISTER ONLINE AT
WWW.OSASOUTHCOAST.COM

PLEASE MARK TEETH OR AREA TO BE TREATED:



- ☐ Extraction
- ☐ Alveoloplasty
- ☐ Exposure
- ☐ Biopsy
- ☐ Infection
- ☐ Apicoectomy
- ☐ Frenectomy
- ☐ Other _____

CONSULTATION:

- ☐ TMJ
- ☐ Implants
- ☐ Pre-Prosthetic
- ☐ Oral / Facial Lesion
- ☐ Bone Grafting
- ☐ Ridge Augmentation
- ☐ Other _____

RADIOGRAPHS:

- ☐ Being Mailed
- ☐ Please Take
- ☐ Given To Patient
- ☐ No X-Ray
- ☐ E-Mailed

INSTRUCTIONS TO PATIENT

You have been referred for specialized care to an Oral and Maxillofacial Surgeon. Our office will make every effort to make your visit with us a comfortable experience. Please assist us by providing the following information at the time of your consultation.

- Your surgical referral slip and any x-rays, if applicable.
- A list of medications you are presently taking.
- If you have medical or dental insurance, bring the necessary completed forms. This will save time and allow us to help you process any claims.
- Payment is expected at the time services are performed.

IMPORTANT: All patients under the age of 18 must be accompanied by a parent or guardian at the consultation visit.

- Please alert the office if you have a medical condition that may be of concern prior to surgery (i.e. diabetes, high blood pressure, artificial heart valves and joints, rheumatic fever).
- Our office is determined to address any concerns you may have about your appointment.

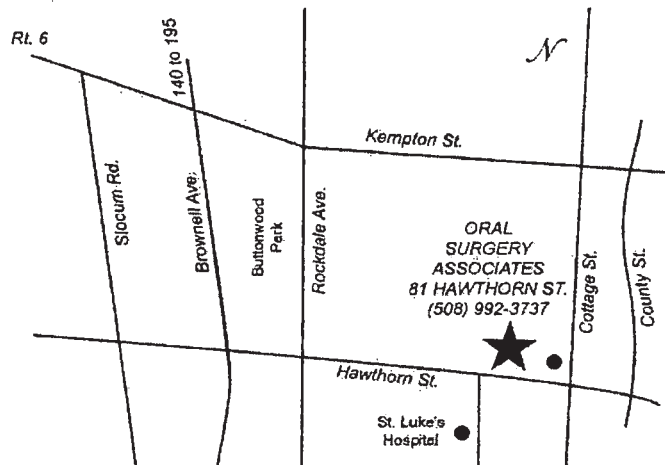
Please ask us so we may help you.

INSTRUÇÕES AOS PACIENTES

Se você está coberto por seguro por favor verifique com a sua companhia. Traga consigo uma forma de seguro com a sua parte completa e assinada. Nos mandaremos a forma para dentro por você.

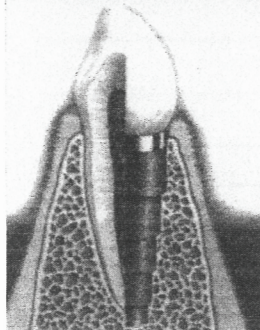
Esperamos pagamento na hora do serviço feito.

Se tiver radiografias tiradas recentemente da área que vamos fazer cirurgia, traga-lhes, por favor.



DENTAL IMPLANTS

When Should They be Used?



- To replace single or multiple teeth.
- Teenagers or young adults who have lost teeth in sports injuries or accidents.
- Denture wearers of any age who have difficulty speaking because their denturs slip or crack.
- To enhance facial appearance and confidence.

Implant dentistry is a safe, beneficial and highly successful procedure.

For more information about our practice please find us on the World Wide Web at:

www.osasouthcoast.com