



oral, facial, & dental implant surgery

NESTOR KARAS, DDS, MD

Diplomate, American Board of Oral & Maxillofacial Surgery

REFERRAL FORM

Nestor Karas, DDS, MD William B. Williams, DMD, MD

In our effort to provide better patient service, please advise the patient that in most cases they may come immediately to our office for an X-ray and to initiate the insurance pre-authorization process. Please fax this form to our office and give the yellow copy to the patient.

Introducing _____ Referral Is Courtesy Of _____

Date _____ Home # _____ Work # _____

DOB _____ Appt. Date _____ Appt. Time _____ Sex M F

Patient's Address _____
Street City State Zip

Consultation requested/oral surgery procedure(s) to be performed:

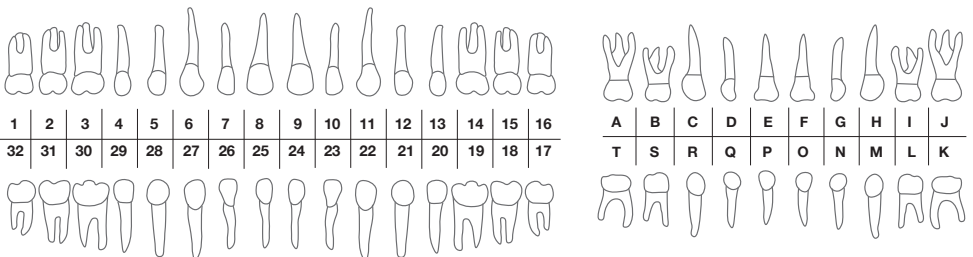
- | | |
|--|--|
| <input type="checkbox"/> Extraction, Tooth # _____ | <input type="checkbox"/> Expose/Bond |
| <input type="checkbox"/> Alveoloplasty | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Frenectomy |
| | <input type="checkbox"/> Incision/Drainage |
| | <input type="checkbox"/> Trauma |

Consultation for reconstructive surgery:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Distraction Osteogenesis | <input type="checkbox"/> TMJ Evaluation |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Facial Trauma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cleft Lip/Palate | <input type="checkbox"/> Orthognathic Evaluation | |

Radiographs: Emailed Enclosed Given to Patient Please Take

Please circle teeth to be treated:



Doctor's Comments _____



REFERRAL FORM: PATIENT INSTRUCTIONS

To Our Valued Patients:

Your appointment is time specially reserved for you. If you cannot keep your appointment, please inform the office 2 days in advance so the time may be given to another patient.

For patients with consultation appointments:

1. If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.
2. If you are taking medicine of any kind, bring it with you or prepare a list of the medications(s), including dosage(s).

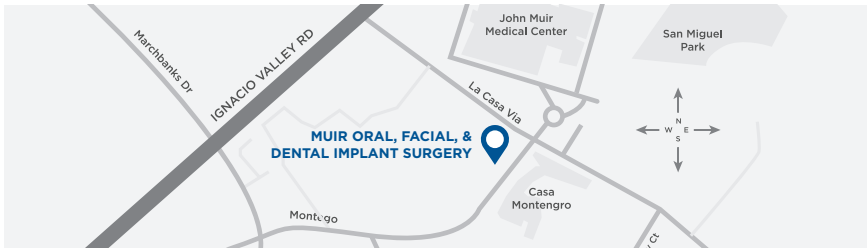
Instructions for patients taking a general anesthetic or intravenous medication

(These instructions do not apply to local anesthetic, or “novocaine”)

1. Do not take anything to eat or drink 6 hours prior to your appointment. ABSOLUTELY no water, no liquids, and no food of any kind.
2. Eat a light, easily digestible meal the night before the operation.
3. Get plenty of rest the night before the operation.
4. Do not drink any alcoholic beverages the night before the operation.
5. Arrange for a relative or friend to accompany you home after the operation. Minor patients must be accompanied by parent or legal guardian. Your ride must wait for you in our office.
6. Wear loose-fitting clothing or short sleeves.
7. Please remove contact lenses prior to surgery.
8. Do not operate a motor vehicle or machinery for 24 hours following general anesthesia.
9. Do not wear heavy makeup, jewelry, or perfume on the day of the operation.
10. Freeze wet washcloths to use as ice packs after surgery.
11. Have soft foods and liquids on hand for after surgery.

Our office is located on the map below.

Our office staff will gladly provide additional directions for your travel to our office.



Walnut Creek

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