



KALISPELL

ORAL SURGERY & IMPLANTS

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Referral Date: _____ Surgery Date & Time: _____

Patient Name: _____ Date of Birth: _____

Patient Phone: _____ Referring Doctor: _____

Please provide the following:

- ☐ Extraction ☐ Implant ☐ Bone Grafting ☐ TMJ
☐ Uncover&Bond ☐ Biopsy ☐ Jaw Surgery ☐ Other

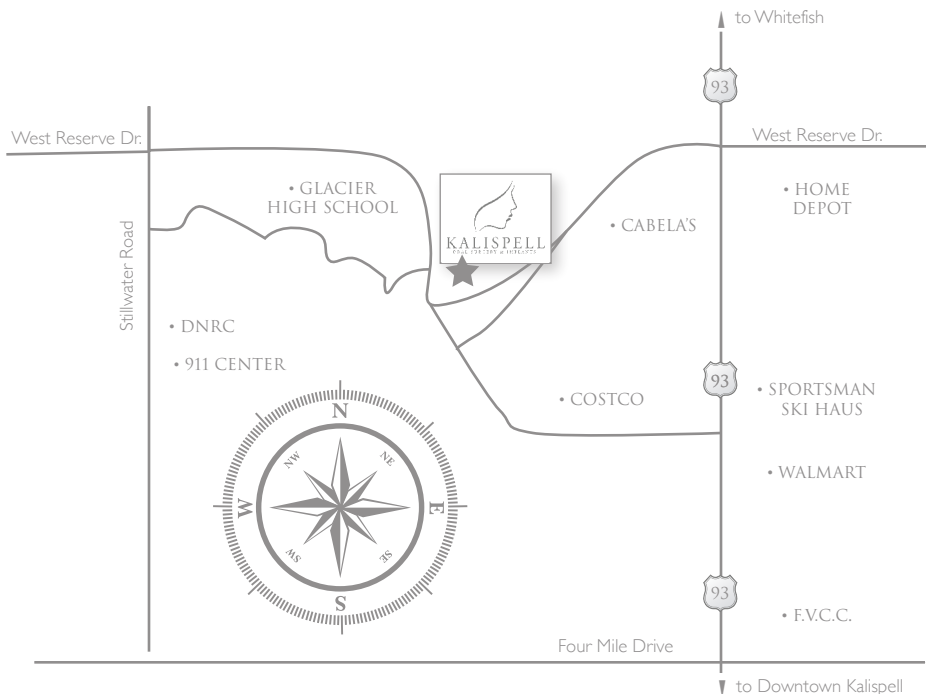
Radiograph:

- ☐ Enclosed ☐ Emailed ☐ Given to patient ☐ Please take one

Right			A	B	C	D	E								Left	
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	
			T	S	R	Q	P	O	N	M	L	K				

Comments:

Doctor's Signature:



DAY OF SURGERY:

If you are having IV sedation, we have some instructions for you to follow on the day of surgery.

1. Remember to have nothing to eat or drink for 6 hours before your surgery. If you take prescription medications, then you may do so with small sips of water.
2. Following the surgery/sedation, you will not be able to drive. You must bring a responsible adult who may drive you home.
3. Do not wear contact lenses. Be sure to wear comfortable, loose clothing.
4. Any patient that is under 18 years of age must be accompanied by a parent or guardian.
5. Please bring your insurance information.

Thank you