



MID-SOUTH DENTAL IMPLANT
AND ORAL SURGERY CENTER, PC.

Keith H. Taylor, D.D.S., M.P.H.

Office 731.426.1834 • Fax 731.426.1836 • 937 Walker Road • Jackson, TN 38305
www.Midsouthimplantoralsurgery.com

*In our effort to provide better 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 or mail this form to our office. **Thank you!***

INTRODUCING: _____ REFERRAL IS THE COURTESY OF: _____

TODAY'S DATE: ____/____/____ PATIENT ADDRESS: _____

BIRTHDATE: ____/____/____ SEX: _____ CONTACT PHONE: _____

Oral Surgery Procedures To Be Performed

- Extraction, Teeth # _____
- Would you like for us to discuss implants? Yes No
- Alveoloplasty Apicoectomy Biopsy Exposure
- Expose, bond Frenectomy Incision, drainage
- Trauma Other:

Consultation For Reconstructive Surgery

- Dental implants Bone graft Facial trauma
- Orthognathic evaluation Reconstructive jaw surgery
- Sleep, snoring disorder Soft tissue graft
- TMJ evaluation Other:

Consultation For Facial Surgery

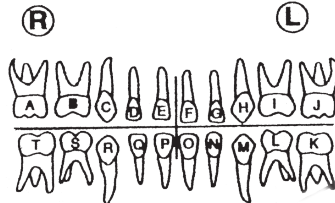
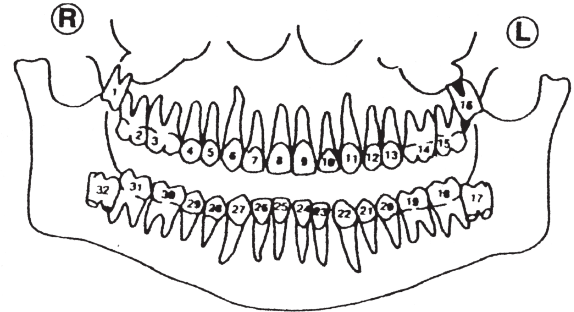
- Aesthetic facial surgery Facial lesion removal
- Scar revision Other:

Radiographs

- Enclosed Given to patient Please take

Doctors Comments: _____

PLEASE CIRCLE TEETH/AREA TO BE TREATED



TO OUR VALUED PATIENTS: *Your appointment* is time specially reserved for you. If you cannot keep your appointment, please inform the office one day 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 or herbal substances of any kind, bring them with you or prepare a list of the medication(s) including dosages.

For patients to be sedated during surgery:

1. Do not eat or drink **anything** the day of your surgery. A sip of water may be taken with **approved** medications.
2. Clean your teeth and mouth well prior to surgery.
3. Arrange for a responsible adult to accompany you and to drive you home. Your driver must come into the office and be present during surgery.
4. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery.

Our office is located on the below map. Our office staff will gladly provide additional directions for your travel to our office, and information on local accommodations. Parking is available at the office.

