

ORAL AND MAXILLOFACIAL SURGERY
MKD MurphyKosmanDanko

Bay Village Office
 660 Dover Center Road
 Bay Village, OH 44140
 (440) 899-9280

Norwalk Office
 10 Stower Lane
 Norwalk, OH 44857
 (419) 660-8109

Ihor J. Danko, D.D.S.

PATIENT'S NAME _____

REFERRED BY _____

DATE REFERRED _____

PLEASE INDICATE TREATMENT OR CONSULTATION DESIRED:

		UPPER															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A B C D E						F G H I J									
R	L																
		T S R Q P						O N M L K									
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
		LOWER															

- | | |
|---|---|
| <input type="checkbox"/> CONSULTATION | <input type="checkbox"/> VESTIBULE EXTENSION & TISSUE GRAFT |
| <input type="checkbox"/> EXTRACTION - ROUTINE | <input type="checkbox"/> REMOVAL OF TORUS |
| <input type="checkbox"/> EXTRACTION - SURGICAL | <input type="checkbox"/> IMMEDIATE DENTURE PLACEMENT |
| <input type="checkbox"/> PANOREX - TMJ XRAY | <input type="checkbox"/> FRENECTOMY - FRENOPLASTY |
| <input type="checkbox"/> IMPACTION | <input type="checkbox"/> INCISION DRAINAGE |
| <input type="checkbox"/> LOCAL ANESTHESIA | <input type="checkbox"/> EXPOSURE OF UNERUPTED TOOTH |
| <input type="checkbox"/> INHALATION ANESTHESIA | <input type="checkbox"/> SINUS REPAIR |
| <input type="checkbox"/> INTRAVENOUS ANESTHESIA | <input type="checkbox"/> DENTAL IMPLANT |
| <input type="checkbox"/> BIOPSY | <input type="checkbox"/> SUBPERIOSTEAL IMPLANT |
| <input type="checkbox"/> ALVEOPLASTY | <input type="checkbox"/> FACIAL FRACTURE REPAIR |
| <input type="checkbox"/> APICOECTOMY & ROOT CANAL OR RETROGRADE | <input type="checkbox"/> MAXILLARY OSTEOTOMY |
| <input type="checkbox"/> ENUCLEATION OF CYST | <input type="checkbox"/> MANDIBULAR OSTEOTOMY |
| <input type="checkbox"/> TUBEROSITY REDUCTION | <input type="checkbox"/> GENIOPLASTY |
| <input type="checkbox"/> REMOVAL OF HYPERTROPHIED TISSUE | <input type="checkbox"/> FACIAL PAIN EVALUATION |
| <input type="checkbox"/> NERVE REPAIR (MICROSCOPIC) | <input type="checkbox"/> TMJ EVALUATION - SURGERY |
| <input type="checkbox"/> LASER SURGERY | <input type="checkbox"/> OTHER |

COMMENTS: _____

TOP COPY - REFERRING DOCTORS FILE BOTTOM COPY - PATIENT COPY

OFFICE LOCATIONS

Norwalk
 10 Stower Lane
 Norwalk, OH 44857
 (419) 660-8109

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SPECIAL INSTRUCTIONS FOR GENERAL ANESTHETIC PATIENTS:

1. Do not have anything to eat or drink 6 hours prior to your surgery. **NO FOOD OR DRINK**, including water. It is extremely dangerous to have anything in your stomach during the anesthetic.
2. You must arrange for someone to drive you home after the surgery and **DO NOT DRIVE** for the remainder of the day. Your driver must wait in the waiting room during the entire procedure.
3. Any patient under 18 years of age must be accompanied by a parent or guardian.
4. Eat a light, easily digestible meal the night before the operation. Do not drink alcoholic beverages the night before.
5. Wear short sleeves, loose clothing, and low heeled shoes. Do not wear contact lenses, jewelry, or make-up.

