

PRE-SURGERY APPOINTMENT

Patient Name _____

_____ Updated Medical Hx

____|____ Med Consult fax

____|____ INR

____|____ Hematocrit

____|____ HbA1c

____|____ CTX

____|____ Vitamin D

____|____ Cholesterol

_____ Dental Hx

____|____ CT scan taken

____|____ U/L poly vinyl impressions taken

____|____ Photo of pt's name

____|____ Portrait photo

____|____ Close- up of smile

____|____ Close-up of mouth at rest

____|____ Occlusal photo taken

____|____ Buccal photo taken w/ mirror

____|____ Lingual photo taken w/ mirror

_____ Signed Treatment plan

_____ Signed consent forms

_____ RX's given to patient

_____ Written and verbal post-op instructions given

_____ Post- op appointment made

_____ Payment made