

Cherry Orchard

ORAL & IMPLANT SURGERY

Brian R. Cherry, DMD

Board Certified in Oral and Maxillofacial Surgery

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101 Halton Road Suite A
Greenville, SC 29607

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Patient Name: _____ **Phone:** _____

Appt. Date: _____ **Appt. Time:** _____

- | | | | |
|-------------------------------------|-----------------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Orthodontic Exposure | <input type="checkbox"/> Pathology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Implant | <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> TMJ Consult | _____ |

- Denture or Partial Involved Interested in Sedation

RIGHT															LEFT				
1	2	3	4	5	A	B	C	D	E	F	G	H	I	J	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					

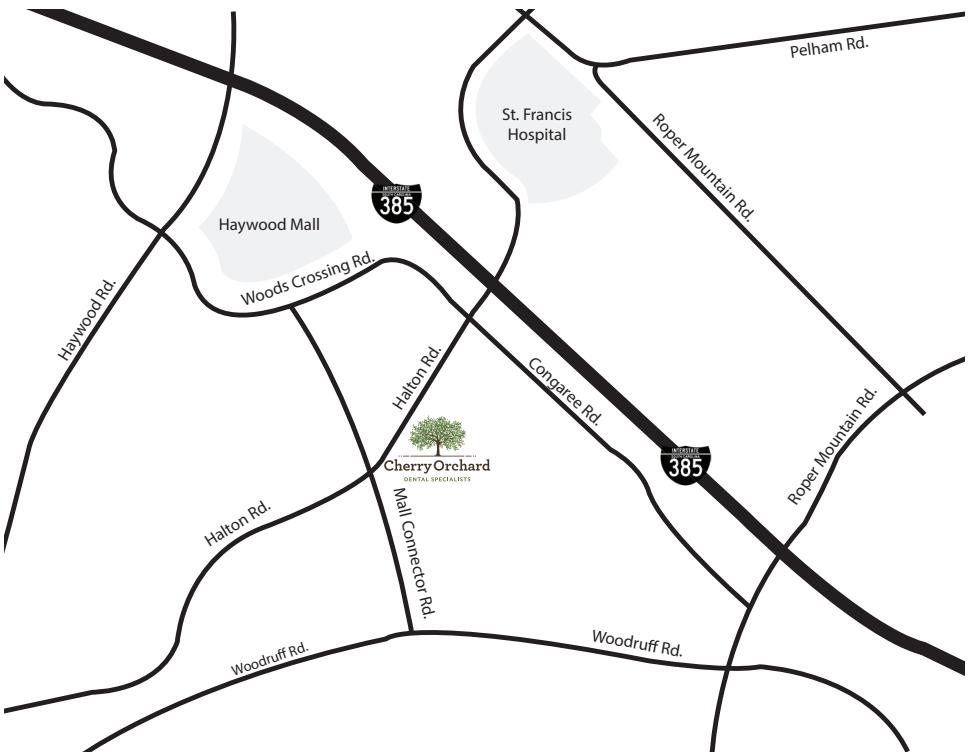
Remarks: _____

Referring Doctor: _____ **Date:** _____

In the event that sedation or anesthesia is scheduled the same day as consultation, patient **MUST NOT EAT OR DRINK SIX (6) HOURS** prior to their appointment and be accompanied by a responsible adult to drive.

Instructions to Patient:

- Your initial visit is usually reserved for consultation and/or small treatments. This enables Cherry Orchard Oral and Implant Surgery to perform a complete evaluation of your specific needs so that we will be able to deliver the highest quality of care.
- Please bring your x-ray, referral slip, medication list and insurance information.
- Payment is expected at date of service. We will be happy to assist you in making financial arrangements for your continued care.



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