

Partners Dental Extraction Center

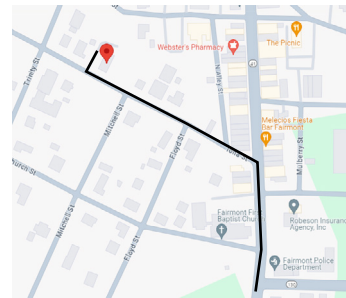
Dr. Phillip McIver DDS, PA

304 Iona Street

Fairmont, NC 28340

Office (910) 535-4316 | Fax (910) 535-4305

www.partnersdec.com | contact@partnersdec.com



Introducing: _____

Patient Information: _____

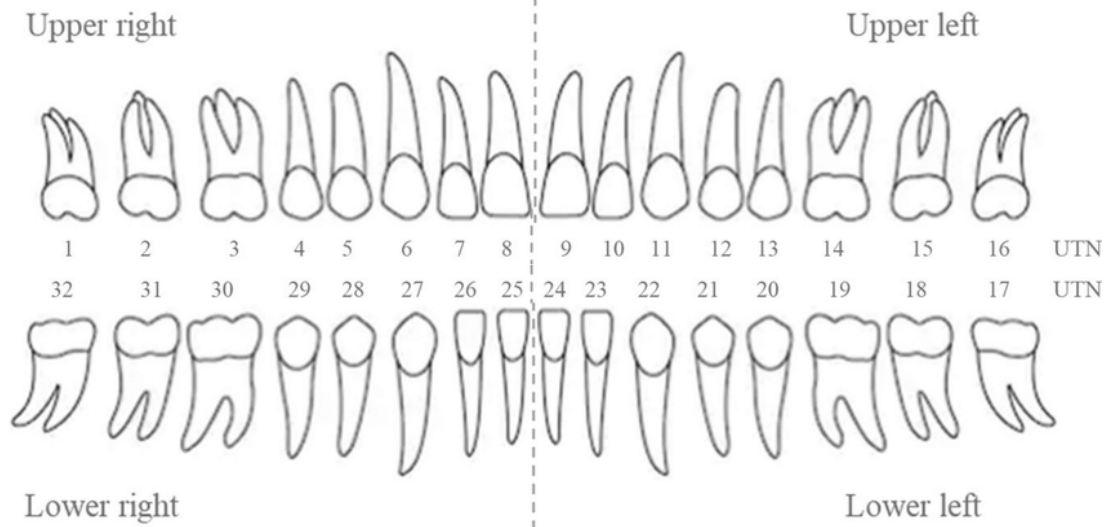
Referred By Dr.: _____

Appointment Date and Time: _____

Reason for Referral:

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Implants | <input type="checkbox"/> Pathology | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Exposure/Bonding | <input type="checkbox"/> Pre-Prosthetic | <input type="checkbox"/> Imaging | <input type="checkbox"/> Bone Grafting |

☐ Other _____



Comments: _____

PERIOPERATIVE INSTRUCTIONS FOR PATIENTS UNDERGOING SEDATION FOR THEIR PROCEDURE

1. Do not eat or drink for 6 hours prior to your appointment. No liquids or foods of any kind.
2. Arrange for a relative or friend to drive you home after your procedure.
3. Do not drive or operate machinery for 24 hours following your procedure.
4. Get plenty of rest the night before your procedure.
5. Do not drink alcoholic beverages on the night before your procedure.
6. Do not smoke marijuana for 3 days prior to your procedure. Limit smoking of any kind prior to and after your procedure.
7. Please note that smoking after your procedure will delay the healing process.
8. Please wear loose fitting clothing with sleeves that can be rolled up past the elbow, and low-heeled shoes.
9. Contact lenses, jewelry, facial and oral piercings must be removed at the time of surgery.
10. Do not wear lipstick, excessive makeup or nail polish on the day of surgery.
11. If you have an illness such as a fever, cold, sore throat, stomach or upset bowels, please notify the office in advance.
12. If you take routine oral medication, please confirm with your physician prior to your surgical date for instructions.