

of Fairmont

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Partnersdec@gmail.com

Today's Date			
Introducing:	DOB:	Phone	e:
Local or Sedation:			
Referred By Dr			
Primary Insurance Name/	/ID:		
Secondary Insurance Nan	ne/ID:		
Please i	nclude medical history/i	medical clearance wi	th referral
	Reason for	Referral:	
□Extractions	□Implants	□Pathology	□Trauma
□Exposure/Bonding	□Pre-Prosthetic	□Imaging	☐Bone Grafting
□Other:			
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Comments:			

PERIOPERATIVE INSTRUCTIONS FOR PATIENTS UNDERGOING SEDATION FOR PROCEDURE.

- 1. Do not eat or drink 6 hours prior to your appointment. No liquids or foods of any kind.
- 2. Do not drink alcoholic beverages the day prior to your procedure.

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- 3. Do not smoke marijuana 3 days prior to your procedure. Limit smoking of any kind prior to and after your procedure.
- 4. Please note that smoking after your procedure will delay the healing process.
- 5. Please wear loose fitting clothing with short sleeves and low-heeled shoes.
- 6. Do not wear lipstick, excessive makeup or nail polish on the day of surgery.
- 7. Do not drive or operate machinery for 24 hours following your procedure.
- 8. If you have an illness such as fever, cold, sore throat, stomach or upset bowels, please notify the office in advance.
- 9. If you take routine oral medication, please confirm with your physician prior to your surgical date for instructions.
- 10. Contact lenses, jewelry, facial and oral piercings must be removed at the time of surgery.
- 11. Arrange for a relative or friend to drive you home after your procedure.