



301-982-4555 office/ 301-982-4557 fax

www.GreenbeltSurgery.com

7525 Greenway Center Dr, Suite 109
Greenbelt, MD 20770



Date of Referral: _____

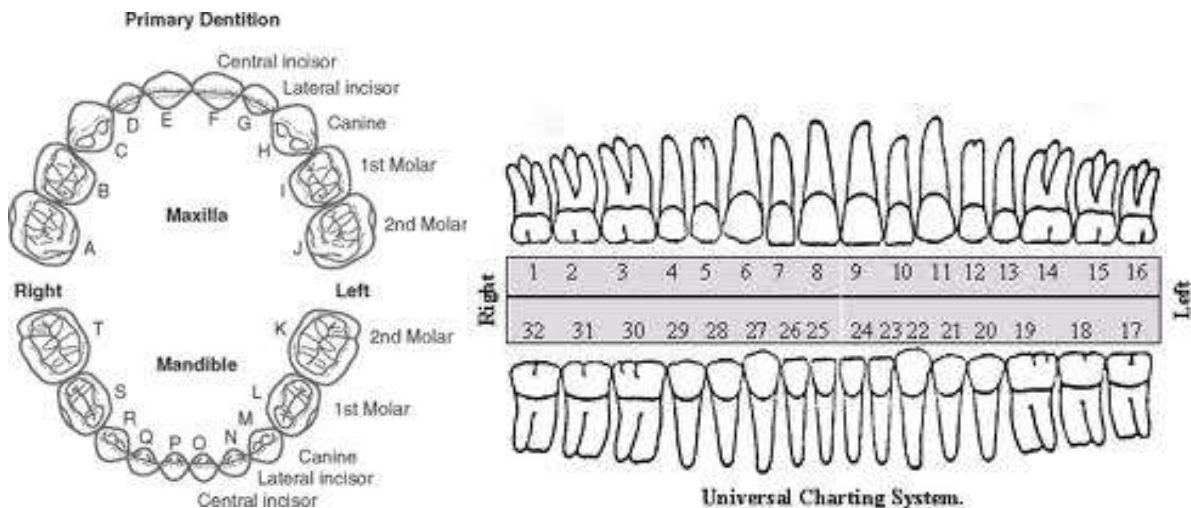
Xrays Sent?: Yes No

Patient Name: _____

Referred By Dr. _____

Reason For
Referral: _____

**PLEASE CIRCLE TEETH TO BE EXTRACTED AND/OR REPLACED WITH
IMPLANTS (OR AREA OF CONCERN):**



IMPLANT TYPE PREFERRED: _____

(Additional Procedures)

Head & Neck Pathology
Orthognathic Surgery
Facial/Oral Trauma
Facial Cosmetic Surgery

Facial/Oral Reconstruction
Pre-Orthodontic Surgery
Facial/Oral Reconstruction
Craniofacial Defomities

Infections of the Head & Neck
Temporomandibular Joint Disorders

Anesthesia Services
Myofacial Pain





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IMPORTANT PRE-OPERATIVE INFORMATION

Please provide the following information at the time of your consultation:

- Surgical Referral
- Complete List of Medications you are Taking
- Any Medical Conditions or Allergies you May Have
- Let the Provider Know if there is Any Chance you could be Pregnant
- Medical and Dental Insurance Forms/Cards
- Relevant Radiographs (X-rays, CT Scans, MRIs)

Your initial appointment will typically consist of a consultation visit explaining diagnosis, treatment options, and surgical plan. Occasionally, surgery will be performed the same day; however, your treatment plan may require input from your primary care physician, dentist, specialist, or preoperative testing. This will result in a second appointment for your surgery. A parent or guardian must accompany all patients under the age of 18.

FOR IV SEDATION/GENERAL ANESTHESIA

Refrain from eating or drinking for at least 8 hours prior, unless instructed otherwise. Wear loose and comfortable clothing. No jewelry or dark nail polish. Have a friend or family member present for transportation to your home.

DIRECTIONS TO OUR OFFICE

Take I-495 to MD-295 N (Baltimore-Washington Pkwy). Take MD-193 E/Greenbelt Rd Exit. Turn left onto MD-193 E/Greenbelt Rd. Take 1st right onto Hanover Pkwy. Take 2nd right onto Greenway Center Dr.

