



# EASTERN VIRGINIA

## ORAL & MAXILLOFACIAL SURGERY

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### REFERRAL

INTRODUCING \_\_\_\_\_ PHONE \_\_\_\_\_  
FIRST NAME LAST NAME

REFERRED BY \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CIRCLE FOR EXTRACTIONS

RIGHT								LEFT							
RIGHT								LEFT							

### Other Procedures

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Alveoloplasty         | <input type="checkbox"/> Exposure    | <input type="checkbox"/> Exposure and Bond |
| <input type="checkbox"/> Biopsy                | <input type="checkbox"/> Soft Tissue | <input type="checkbox"/> Hard Tissue       |
| <input type="checkbox"/> Incision and Drainage | <input type="checkbox"/> Frenectomy  |  |

### Consultation:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> TMJ            | <input type="checkbox"/> Implants  | <input type="checkbox"/> Orthognathic Evaluation |
| <input type="checkbox"/> Pre-Prosthetic | <input type="checkbox"/> Pathology | <input type="checkbox"/> Cosmetic                |
| <input type="checkbox"/> Other          |                                    |  |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Radiographs or Clinical Photos:

- |                                       |   |                                      |                                   |
|---------------------------------------|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Being Mailed | <input type="checkbox"/> Given to Patient | <input type="checkbox"/> Please Take | <input type="checkbox"/> No X-Ray |
|---------------------------------------|---|--------------------------------------|-----------------------------------|



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Appointment: Date \_\_\_\_\_ Day \_\_\_\_\_

Time \_\_\_\_\_

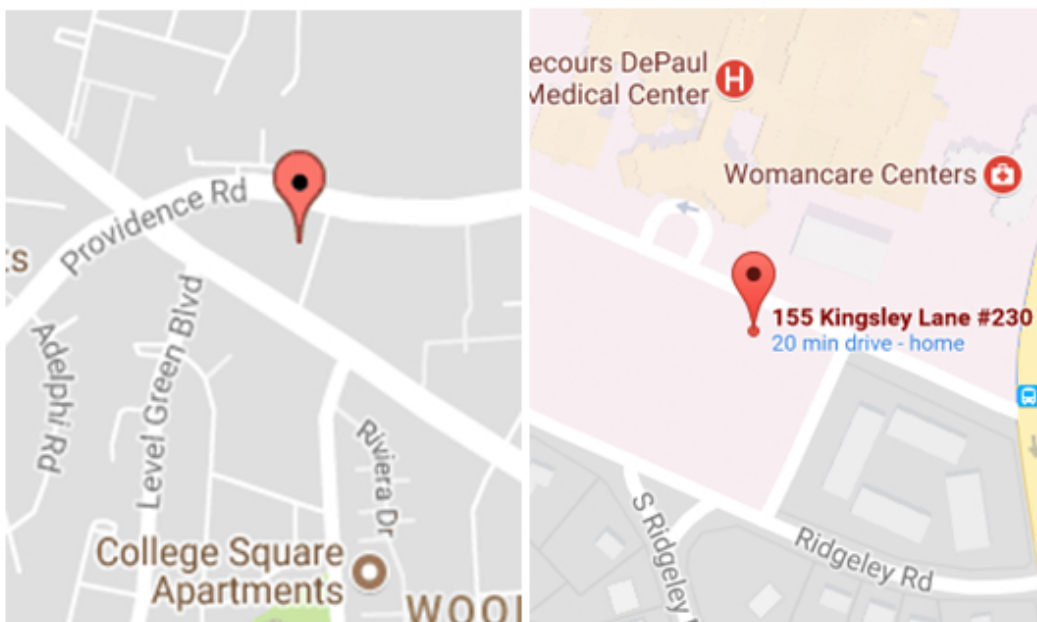
### INSTRUCTIONS TO PATIENT

IF YOUR APPOINTMENT IS FOR SURGERY, PLEASE...

1. Bring this form with you.
2. For patients who will have intravenous sedation/ anesthesia:
  - a) Nothing to eat or drink for 8 hours before appointment (not even water)
  - b) Please bring someone to drive you home. **DRIVER MUST REMAIN ON PREMISES DURING YOUR PROCEDURE.**
  - c) Wear short or loose sleeves
  - d) Brush your teeth before your appointment. Rinse but do not swallow any water.
  - e) Minors (17 & Under) must be accompanied by parent or legal gaurdian.

***Kempsville Office: 6033 Providence Rd. Virginia Beach, VA 23464***

***Norfolk Office: 155 Kingsley Lane Suite 230 Norfolk, VA 23505***



***THIS TIME IS RESERVED SPECIFICALLY FOR YOU. IF BY NECESSITY YOU MUST CANCEL YOUR APPOINTMENT PLEASE NOTIFY US ONE DAY IN ADVANCE.***