



MOSAIC

# MIDLAND ORAL SURGERY AND IMPLANT CENTERS, LTD.

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- 10097 W. Lincoln Highway • Frankfort, Illinois 60423 • Phone (815) 277-5255

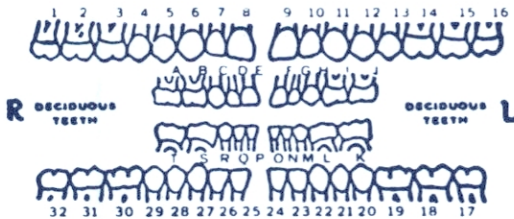
www.midlandoms.com  
mosaic.xrays@gmail.com

## INFORMATION FOR OUR PATIENTS

1. IF GENERAL ANESTHESIA OR I.V. SEDATION IS DESIRED:
  - a. You may not eat or drink anything, including water, for six hours prior to your appointment.
  - b. You must be accompanied at our office by a responsible adult who must remain in office and drive you home.
  - c. Wear loose clothing (short or loose sleeves preferable).
2. IF YOU TAKE PRESCRIPTION MEDICATIONS:
  - a. Take your oral medications as usual (with only sips of water if intravenous anesthesia is anticipated).
  - b. Bring your medications or a list of them to your appointment.
3. Minors must be accompanied by a parent or legal guardian.
4. If you are unable to keep your appointment, please notify our office at least 24 hours before scheduled appointment.
5. Please note that in many instances, the patient's first appointment is for consultation only, to review the health history, decide on the most appropriate anesthesia, and schedule a surgery date.
6. The surgery fee is due at the time of surgery unless other arrangements have been made.

### Introducing \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Panorex only                  | <input type="checkbox"/> Implant Site Preparation |
| <input type="checkbox"/> 3D Cone Beam CT Scan          | <input type="checkbox"/> Implants/Preprosthetics  |
| <input type="checkbox"/> Extraction (Mark teeth below) | <input type="checkbox"/> Implant Direct           |
| <input type="checkbox"/> Biopsy                        | <input type="checkbox"/> Zimmer                   |
|  | <input type="checkbox"/> Other/Comments _____     |



Date \_\_\_\_\_ Referred by Dr. \_\_\_\_\_

Telephone # \_\_\_\_\_