

DR. GREGG A. LOMBARDO, DDS, PA
Practice Limited to Oral and Maxillofacial Surgery

1510 Medical Center Drive • Wilmington, NC 28401
(910) 762-1555 • 1-800-222-8126 • Fax (910) 251-1721

		UPPER																	
RIGHT		1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	LEFT
		32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	
		LOWER																	

A	B	C	D	E		F	G	H	I	J
T	S	R	Q	P		O	N	M	L	K

APPOINTMENT INFORMATION

This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify us at least one day in advance.

Date _____ Time _____ Day _____

Introducing _____

Referred by _____

INSTRUCTIONS TO PATIENTS

You have been referred for specialized care to an oral and maxillofacial Surgeon. Our office will make every effort to make your visit with us a comfortable experience. Please assist us by providing the following information at the time of your consultation.

- Your surgical referral slip and any radiographs if available.
- A list of medications you are presently taking.
- Please bring your medical and dental insurance information with you.
- Fees for office visits and x-rays and treatment will be due at the time of service, even if we are filing insurance for you.
- A pre-operative consultation and examination are necessary for all patients.

IMPORTANT

All patients under the age of 18 must be accompanied by a parent or legal guardian at the consultation visit.

CONSULTATION: (Please indicate below)

- | | | |
|--------------------------------------------|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Extractions _____ | <input type="checkbox"/> Alveoloplasty | <input type="checkbox"/> Ligation |
| <input type="checkbox"/> Third Molars | <input type="checkbox"/> Biopsy | |
| <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Frenectomy | |
| <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Implants | |
| <input type="checkbox"/> Pre-Prosthetic | | |

RADIOGRAPHS:

- | | | |
|-------------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Being Mailed | <input type="checkbox"/> Given to Patient | <input type="checkbox"/> Please Take |
| <input type="checkbox"/> Will Bring X-ray | <input type="checkbox"/> No X-ray | |
| <input type="checkbox"/> Other _____ | | |

INSTRUCTIONS: _____

Wilmington Office
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Wilmington, NC 28401
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