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GLENDALE ORAL & MAXILLOFACIAL
Surgery and Dental Implant Center

Armond Kotikian, DDS, MD, FACS*

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*Diplomates of the American Board of Oral and Maxillofacial Surgery
Extractions / Wisdom Teeth / Dental Implants / TMJ Disorders
Jaw Reconstruction / General Anesthesia / Oral Cancer Screening

UCLA HARVARD UNIVERSITY UNIVERSITY OF MICHIGAN

Please visit our website www.glendaleoralsurgery.com

Patient Referral Card

Preoperative Instructions to Patient

Please present this card to the receptionist at the time of your appointment.

- Please bring all your insurance information, any required referrals, forms, and x-rays.
- If you are scheduled for a general anesthetic or IV sedation, do not eat or drink anything for 8 hours prior to your visit (or as directed by your doctor).
- A responsible adult must be available to drive you home if you receive a general anesthetic or IV sedation.
- Please bring a complete and detailed list of your medications.

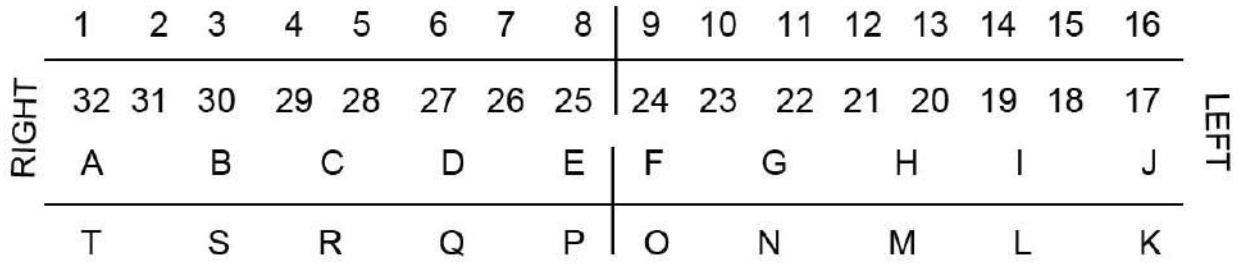
Appointment reminder

Date _____ **Time** _____ **Day** _____

If you must cancel your appointment, we urge you to give us at least 24 hours notice, so another patient can be scheduled in your place. Thank You

☐ X-rays and forms may be e-mailed to our office: glendaleomfs@gmail.com
Please check the indicate if you plan to use e-mail.

Please Circle Teeth to be Treated



- ☐ Extraction/
- ☐ Extraction & socket preservation
- ☐ Sinus Lift
- ☐ Bone Graft
- ☐ Implants
- ☐ Apicoectomy
- ☐ Crown Lengthening
- ☐ Pre-prosthetic Surgery
- ☐ Alveoloplasty
- ☐ Incision and Drainage
- ☐ Frenectomy
- ☐ Orthognathic Surgery
- ☐ Snoring/Sleep Apnea
- ☐ Gingivectomy
- ☐ Oral Pathology evaluation
- ☐ Panorex
- ☐ Facial trauma
- ☐ TMJ
- ☐ Root Amputation
- ☐ Exposure and Bond
- ☐ Hemisection of tooth

Introducing: _____

Referred by: _____ Date: _____

Dr. Phone: _____ Dr. Fax: _____

Comments: _____

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