FRANCIS J. CUSUMANO D.D.S., P.A.

ORAL AND MAXILLOFACIAL SURGERY • DENTAL IMPLANT SURGERY
51 TECHNOLOGY DRIVE • SUITE C • GARNER, NC 27529
919.661.1995 • FAX 919.661.1977

CALL FOR APPOINTMENTS MONDAY - FRIDAY

DATE _____ REFERRED BY _____

PATIENT'S NAME _____

HOME PHONE _____ WORK PHONE _____ EXT. _____

APPOINTMENT

- ☐ Dr. Cusumano's office to call patient and coordinate appointment
- ☐ Patient will Call Dr. Cusumano's office to schedule an appointment
- ☐ Referring dentist to schedule appointment _____ (DAY / DATE / TIME)

PROCEDURES / CONSULTATIONS

- ☐ Alveoloplasty
- ☐ Dental Implants
- ☐ Extractions
- ☐ Tooth Exposure
- ☐ Lesion Evaluation
- ☐ Apicoectomy
- ☐ Bone Graft
- ☐ Other: _____

RADIOGRAPHS

- ☐ No X-ray
- ☐ Being forwarded
- ☐ Given to patient
- ☐ Please return

Remarks or Special Instructions

_____

_____

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

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

PATIENT INFORMATION

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

1. Patients scheduled for IV anesthetic must not eat or drink for at least 6 hours prior to surgery and arrive with an escort/driver.
2. Please provide us with all pertinent medical information and a complete list of your current medications on this visit.
3. If you are under 18 years of age, please be accompanied by a parent or legal guardian.
4. If for any reason you cannot keep your appointment, immediate cancellation is greatly appreciated.