

# 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

\_\_\_\_\_

Right													Left				Right										Left			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J					
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	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.

Please e-mail to [fjcoralsurgery@bellsouth.net](mailto:fjcoralsurgery@bellsouth.net)