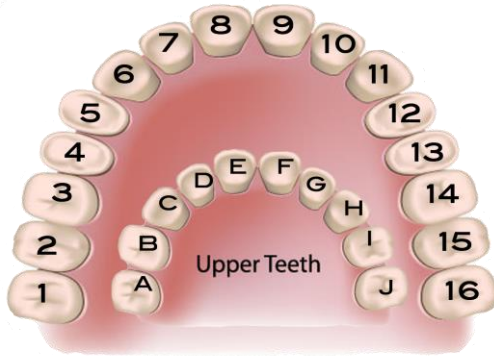


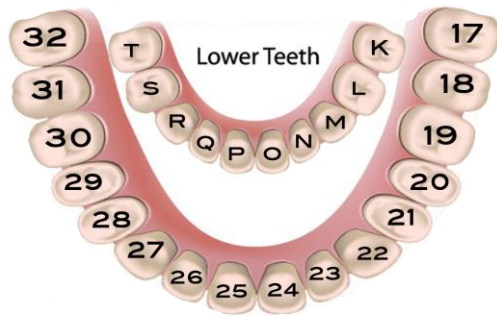
73 MARKET STREET – SUITE 377 – YONKERS, NY 10710 – PHONE (914) 779-5606 – (914) 968-3831 (FAX)

Referral Card

Patient: _____ Referred by: _____
 Appointment Date: _____ Time: _____



Notes for our doctors:



Please read this important information before your appointment:

Important Information about Yonkers Oral Surgery can be found at www.scarsdaleoralsurgery.com (while our Yonkers website is built)

We recommend that your patient history be completed at the website.

- ✓ A consultation is usually beneficial before treatment to determine your specific treatment needs.
- ✓ Please bring all medical and dental insurance information with you.
- ✓ If you take any medications or prescriptions regularly, please bring a list of the medications with the dose and frequency of each.
- ✓ A parent or legal guardian must accompany patients 17 years old or younger.
- ✓ If you must change your appointment, we ask that you notify 48 hours in advance as a courtesy to other patients.
- ✓ If you have been given x-rays, please bring them along with this referral slip.
- ✓ If you are considering general anesthesia:
 - You must not eat or drink anything for six hours before your appointment
 - You must arrange to have someone accompany you home