



Richmond Oral and Maxillofacial Surgery, LLC
1004 Oak Drive
Richmond, IN 47374
(765) 935-1997



Bring your referral sheet to your appointment

Patient _____ Age _____

	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
	Deciduous Right	Deciduous Left
	 32 31 30 29 28 27 26 25	 24 23 22 21 20 19 18 17

Remarks

Radiographs

Sent with patient

Mailed

Please take

For patients planning to be sedated for a procedure:

- do not eat or drink anything for at least six hours prior to your appointment;
- make arrangements for an adult to stay at the office during your surgery and drive you home after surgery is completed;
- if you are less than 18 years old, you must be accompanied by a parent or guardian.

Referred by Dr. _____ Phone _____



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Previous Office of Dr. James E. Hornaday

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