

Dr. Bald & Associates

Patient's Name: _____ Date: _____

Patient's Phone: Home _____ Work/Cell _____

Please circle tooth/teeth to be treated (Mark X for an extraction):

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

Please place a check mark by the service requested:

Extraction <input type="checkbox"/>	Wisdom Tooth (Teeth) Extraction <input type="checkbox"/>
Exposure/Bracketing <input type="checkbox"/>	Orthognathic Surgery <input type="checkbox"/>
Apicoectomy <input type="checkbox"/>	Dental Implants <input type="checkbox"/>
Frenectomy <input type="checkbox"/>	Torus Removal <input type="checkbox"/>
Biopsy <input type="checkbox"/>	Alveoplasty <input type="checkbox"/>
Incision & Drainage <input type="checkbox"/>	Consultation <input type="checkbox"/>

Remarks:

Referring Doctor: _____ **Dr. Phone:** _____

Preparation for IV SEDATION appointment:

- 1 No food or beverage for 8 hours before appointment except medicine routinely taken as prescribed by your physician can be taken with a sip of water, unless otherwise advised. Bring a list of these medications with you.
- 2 Please advise our office prior to your appointment of the following: Diabetes, Blood Thinner Medications, Heart Conditions.
- 3 Wear loose accessible clothing: No heels.
- 4 Plan to have someone accompany you and drive you home.
- 5 Bring all dental and medical insurance forms and cards the day of the appointment.
- 6 If you have nail polish or artificial nails, please remove polish and/or nail from one index finger.

ELIZABETH CITY: 1134 N. Road St, Building 7 (next to hospital) Days and hours vary. Call to schedule.

NAGS HEAD: 2224 S. Croatan Hwy, Suite 7 (in front of bowling alley) Days and hours vary. Call to schedule.

This Form and copies of x-rays can be faxed to 252-335-1024 or emailed to baldx3@yahoo.com

252-338-8077 or 252-441-4300 – CALL TO SCHEDULE AT EITHER OFFICE