

REFERRAL TO:

Richard A. Rasmussen, DDS

Todd G. Carter, DMD
Oral & Maxillofacial Surgeons

1063 Lower Main St.
Puuone Plaza, Ste. C-221
Wailuku, Maui, HI 96793
808.244.7634 ph
808.242.2851 fx

From Dr. _____

Patient _____ Date _____

Removal of teeth: *(circle & describe below)*

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

Tooth/teeth description: _____

Implant consultation _____

Biopsy (area & describe) _____

Orthognathic consult, orthodontic anchorage placement, exposure/bonding of tooth

Preprosthetic surgery: alveoplasty, excision of hyperplastic tissue, frenectomy, torus removal, tuberosity reduction, vestibuloplasty

Tempromandibular joint consultation

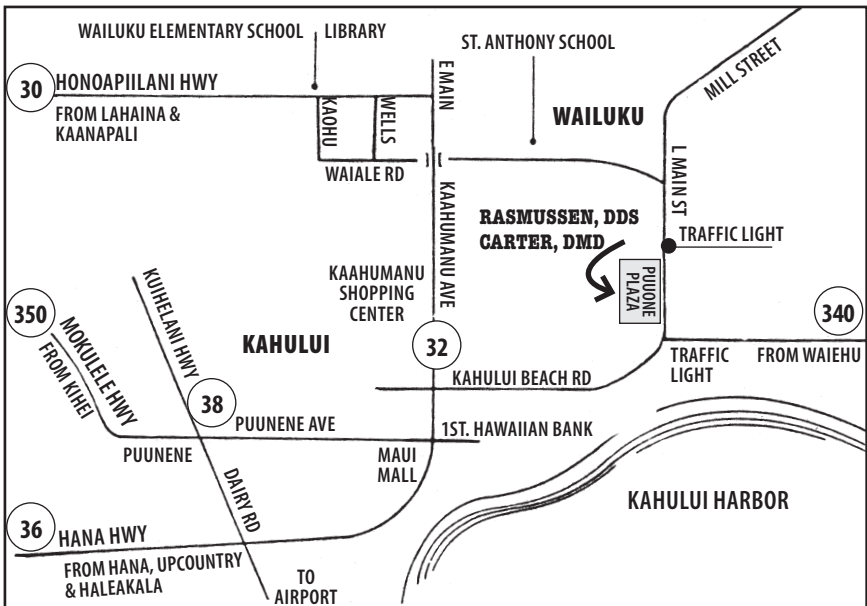
Other: fracture/trauma, infection, cyst/neoplasm, apicoectomy

Comments _____



**Instructions for Patients
Undergoing Sedation or General Anesthesia
(to be put to sleep)**

- 1** Do not eat or drink anything a minimum of eight (8) hours prior to your surgery. You may take your regular medicines with a small sip of water.
- 2** You must have a responsible adult present with you at your appointment and able to drive you home.
- 3** Please wear loose fitting, comfortable clothing, short sleeves.



Richard A. Rasmussen, DDS
Todd G. Carter, DMD
Oral & Maxillofacial Surgeons

1063 Lower Main St. • Puuone Plaza, Ste. C-221
Wailuku, Maui, HI 96793
808.244.7634 ph • 808.242.2851 fx
www.mauioralsurgery.com