The Oral & Maxillofacial SURGERY CENTER, P.A.

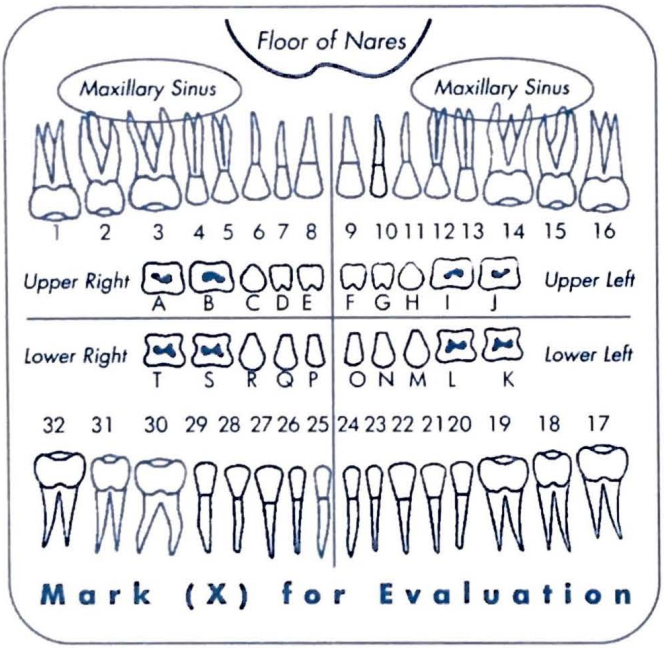
CLAY B. THAMES, D.D.S. ■ DARREN K. ALEXANDER, D.M.D.
SCOTT F. THAMES, D.M.D., EMERITUS

Date _____

Dr. _____

I am referring: _____

To your office for: ❑ Treatment ❑ Consultation ❑ Other (see below)



Patient Instructions

1. Do not eat or drink anything after midnight prior to surgery.
2. Wear loose-fitting clothing.
3. Please bring all prescribed medications that you are presently taking.
4. Have an adult (18 years or older) accompany you to our office for your surgery and remain with you for the day.

Comments: _____

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Signed _____

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