



ADVANCED CENTER

ORAL SURGERY & DENTAL IMPLANTS

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WWW.DRKARRAS.COM

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

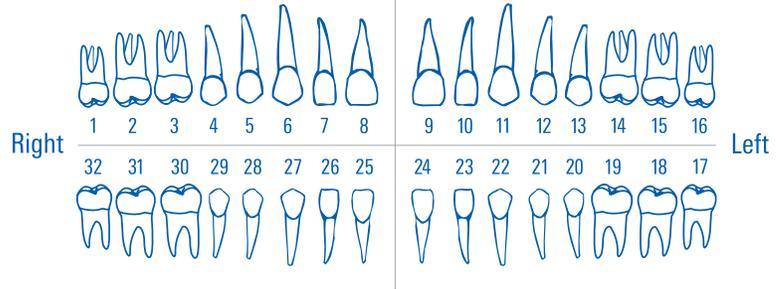
IF UNABLE TO KEEP YOUR
APPOINTMENT, KINDLY
GIVE 48 HOURS NOTICE.

**PLEASE SEE REVERSE SIDE
FOR IMPORTANT INFORMATION**

INTRODUCING: _____ DATE: _____

REFERRED BY DOCTOR: _____

PLEASE CALL ME: BEFORE AFTER SEEING PATIENT



REASON FOR REFERRAL:

- EXTRACTIONS IMPLANT EVALUATION SOCKET GRAFT
- BIOPSY BONE/SOFT TISSUE GRAFT PERIAPICAL SURGERY
- ALL-ON-FOUR OTHER _____

RADIOGRAPHS:

- REQUIRED ATTACHED MAILING EMAILED TO: XRAY@DRKARRAS.COM

REMARKS: _____

INFORMATION FOR OUR PATIENTS

A consultation appointment is recommended before scheduling procedures other than routine extractions. If this is your first visit, please arrive 15 minutes early, so that the appropriate paper work can be completed. If you are unable to keep your appointment, kindly give 48 hours notice.

ON THE DAY OF YOUR APPOINTMENT PLEASE BRING:

- This referral slip
- Any x-rays your dentist may have given to you
- A list of any medications that you are taking, including dosages

If you have ever had heart or vascular surgery, heart valve replacement, joint replacement, or if you are taking aspirin or other anticoagulant (blood thinning) medication, please inform the receptionist when making your appointment. Minors under the age of 18 must be accompanied by a parent or legal guardian.

IF YOU ARE HAVING GENERAL ANESTHESIA OR SEDATION

- Do not eat or drink anything for 8 hours before your appointment
- You must be accompanied to the office by a responsible adult driver
- An adult must stay at home with you after surgery
- Wear loose, comfortable clothing with short sleeves

FINANCIAL POLICY

Payment is requested at the time services are rendered, unless arrangements have been made in advance. Fees for consultations and x-rays are due in full on the day of the appointment. We will submit insurance claims for you as a courtesy, however it is your responsibility to provide us with your current insurance information and to verify network participation, coverage and deductible. You are financially responsible for any treatment that you receive. We accept cash, checks, and credit cards. We also offer interest free financing, subject to approval. For more information, or if you have any questions regarding our financial policy, please call our office at 847-677-6647.

If you have any questions, please feel free to call or to make an appointment for a consultation.