

Date: _____ Time: _____

Introducing: _____

Phone: _____

Referred By: _____

Phone: _____

Appointment Information: This time is specifically reserved for you.
If by necessity, you must cancel your appointment for surgery,
please notify us at least one day in advance.

Remarks & Instructions: _____

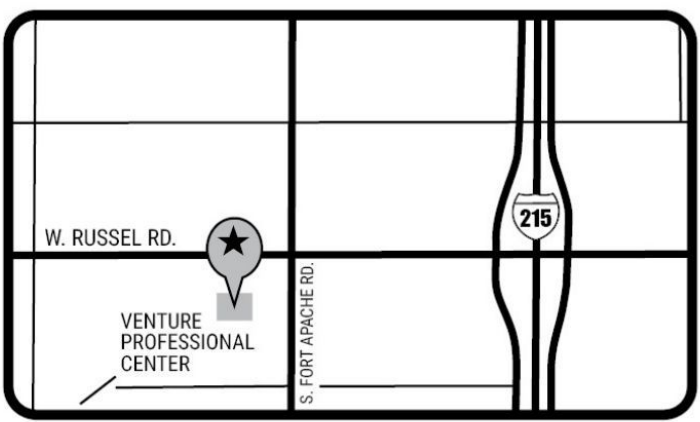
Summerlin Location
5765 S. Fort Apache Road, Suite 110 - Las Vegas, NV 89148
702.876.6337 - Fax 702.876.2988
www.oralurgerylv.com - info@kikuchioralsurgery.com

Rancho Location
630 S. Rancho Drive Suite B, Las Vegas, NV 89106
702.870.2555 - Fax 702.870.4997
www.drpatrickoconnor.net - rancho@kikuchioralsurgery.com

INSTRUCTIONS TO PATIENT

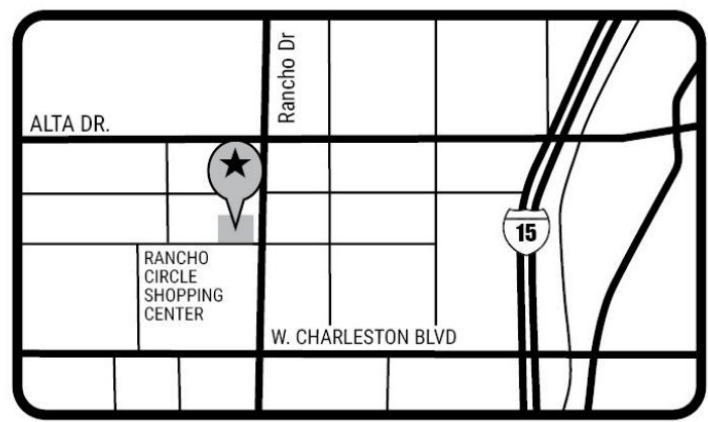
1. Please do not eat, drink or smoke 8 hours before appointment. You must have an empty stomach for anaesthetic safety.
2. You must be accompanied by a responsible adult driver.
3. Please have the person who accompanies you remain on site until treatment is complete.
4. Daily medications as prescribed by physician can be taken with a "sip" of water.
5. Please wear a short-sleeved shirt, loose fitting clothing, and no nail polish on the day of your surgery.
6. All street drugs use is ABSOLUTELY PROHIBITED for at least 1 month prior to having surgery.
7. Bring this slip with you.

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