



Dr. Scott D. Urban DMD, MD, PC
 Harvard & Mayo Clinic Educated and Trained
 American Board of Oral & Maxillofacial Surgery,
 Board Certified

7611 S. Jordan Landing Blvd. Ste 102
 West Jordan, Utah 84084
 Office: 801.282.5363
 Fax: 801.282.5360

Oral & Maxillofacial Surgery
 Facial Cosmetic & Reconstructive Surgery

To provide optimal service, the patient is welcome to call or visit our office immediately to initiate the health insurance pre-authorization process and to receive an x-ray. Please fax this form to our office.

PATIENT _____ REFERRAL IS THE COURTESY OF _____

DATE _____ HOME PHONE _____ WORK PHONE _____

RADIOGRAPHS: ENCLOSED GIVEN TO PATIENT PLEASE MAKE

REQUESTED ORAL SURGERY TO BE PERFORMED: PERMANENT DENTITION

EXTRACTION, TEETH #

| | | | | | | | | | | | | | | | | | |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|
| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
| RIGHT | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | LEFT |

ALVEOPLASTY APICOECTOMY
 BIOPSY FRENECTOMY
 EXPOSURE EXPOSE, BOND
 INCISION, DRAINAGE

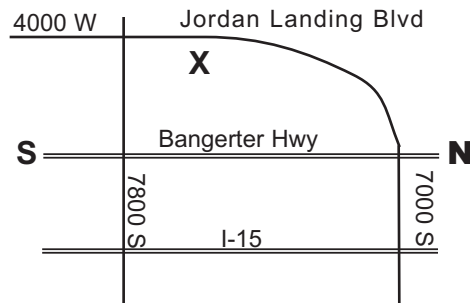
PRIMARY DENTITION

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|------|------|
| RIGHT | A | B | C | D | E | F | G | H | I | J | LEFT |
| RIGHT | T | S | R | Q | P | N | M | L | K | LEFT | |

REQUESTED CONSULTATION FOR:

DENTAL IMPLANTS SLEEP APNEA ORTHOGNATHIC SURGERY OROFACIAL PAIN
 FACIAL COSMETIC SURGERY PATHOLOGY CLEFT LIP/PALATE FACIAL TRAUMA

DOCTORS COMMENTS:



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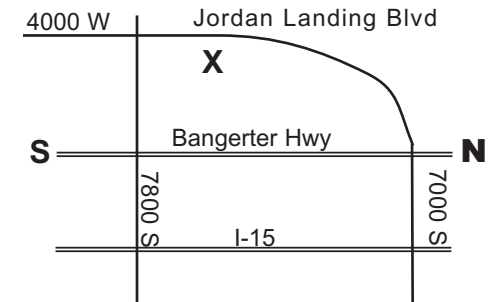
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DOCTORS COMMENTS:



Preparation Requirements for Our Valued Patients:

Consultation Appointment Preparation:

If x-rays have already been taken by your dentist, please bring these x-rays to the consultation.

Please bring list of your medications.

Unmarried patients under 18 years of age must have parent or guardian present during consultation & surgery appointment.

Surgery Appointment Preparation:

*No eating or drinking 8 hours prior to surgery appointment.
(Medications may be taken with a sip of water)*

Designated responsible driver must be present during entire surgical appointment.

Take your antibiotic pre-medication for your heart murmur, artificial heart valve, etc. (as prescribed by your doctor).

Wear loose clothing.

Do not wear contact lenses on day of surgery.

Do not wear jewelry, make-up, or colored finger-nail polish on your left index finger.

Please arrive 15 minutes early to complete paperwork and financial arrangements.

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