AN QI (ANGEL) WU, MD, DDS

Specialist in Oral & Maxillofacial Surgery

Phone: 507.517-3870 Fax: 507.847.1162

www.omsprecision.com

2717 Superior Drive NW, Suite B, Rochester, MN 55901

Date _____

Patient Name _____

Phone _____

For:

- ❑ Extractions
- ❑ Alveoloplasty
- ❑ Biopsy
- ❑ Facial Pain
- ❑ Implants
- ❑ Panorex
- ❑ Sleep Apnea
- ❑ Trauma/Facial Fractures
- ❑ Orthognathic Evaluation/Treatment
- ❑ Radiation Therapy Oral Evaluation
- ❑ TMJ Evaluation/Treatment
- ❑ Pre-prosthetic Evaluation/Treatment
- ❑ Pathology Consultation
- ❑ Facial and Cosmetic Surgery

Remarks: _____

_____

				A	B	C	D	E	F	G	H	I	J				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	**LEFT**
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

PATIENTS HAVING INTRAVENOUS SEDATION (patient asleep)
MUST NOT HAVE any food or fluids for six hours before surgery, and
MUST HAVE an adult accompany them and remain in the office.

Appointment Date _____ Time _____

Referring Doctor _____

Referring Practice _____

Email _____

Phone _____

Fax _____

PRECISION
ORAL & FACIAL SURGERY
Affiliated with THE DENTAL SPECIALISTS