



PRAIRIE
 Oral Surgery
 Edward F. May, DDS

2585 23rd Ave. S., Suite #A.
 Fargo, ND 58103
 701-478-4404 (office)
 701-478-4407 (fax)
 866-478-4404 (toll free)

PATIENT REFERRAL FORM

Patient Name: _____

Patient Address: _____

Patient Telephone: _____ Age: _____

Appointment Date: _____ Time: _____

Evaluate for:

Extractions _____
 Orthognathic Surgery _____ Preprosthetic Surgery _____
 Dental Implants _____ Pathology _____
 TMJ Disease _____ Facial Pain _____

Remarks: _____

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

Referring Doctor: _____

Doctor's Signature: _____ Date: _____

Patients Referred for General Anesthesia must have:

1. Nothing to eat or drink past midnight the night prior to your appointment. Exceptions include doctor-prescribed chronic medication taken with minimal water. Please, notify our office before taking.
2. A responsible adult **MUST** accompany you, take you home, and stay with you for at least 6 hours after surgery (you cannot drive or operate machinery for 24 hours; you cannot walk, take a bus, or take a taxi home by yourself)..
3. Comfortable clothing should be worn.