



**Aaron U. Adamson, DMD**  
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REFERRING DR. \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

**CONSULTATION:**

- Implants
- Preprosthetic
- Jaw Reconstruction
- Pathology
- Other \_\_\_\_\_

**X-RAYS:**

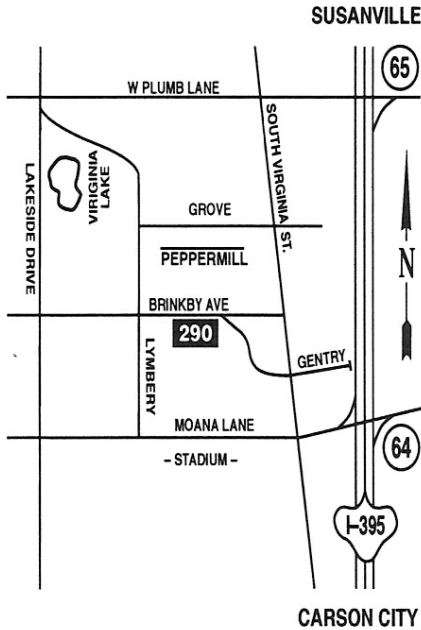
- In Mail
- With Patient
- Please Take

**ANESTHESIA:**

- Local
- Nitrous-Oxide
- IV Sedation

**EXTRACTIONS: PLEASE CIRCLE TEETH TO BE TREATED OR EXTRACTED**

PERMANENT															
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
DECIDUOUS															
Right				A	B	C	D	E	F	G	H	I	J	Left	
				T	S	R	Q	P	O	N	M	L	K		



**PATIENTS PLEASE READ**

1. If you have history of a heart murmur or any major medical problems please contact office for instructions.
2. Bring a list of all medicines you take and their dosages. Take all regular medicines prior to surgery appointment.
3. Please bring x-rays if you have them.
4. Minors (under 18 years old) must have a parent or legal guardian present to sign permit for surgery.
5. Bring your insurance information. You will be required to pay a deposit. If no insurance, payment is required on day of surgery.
6. If you are unable to keep an appointment, please notify the office within 48 hours.

**INSTRUCTION FOR I.V. SEDATION**

1. No solid food for six (6) hours prior to surgery.
2. Drink clear liquids (black coffee, tea, clear juices, water, etc.) up to two (2) hours prior to surgery.
3. A responsible adult must be available to drive you home. No taxis without a companion.
4. Wear loose comfortable clothing with short sleeves.