ADVANCED AESTHETIC CENTER
FOR ORAL & MAXILLOFACIAL SURGERY

MARCOS DÍAZ, D.D.S.
2239 N. COMMERCE PARKWAY, SUITE 2
WESTON, FLORIDA 33326-3249
TEL: (954) 659-9990 ◆ FAX: (954) 659-9991

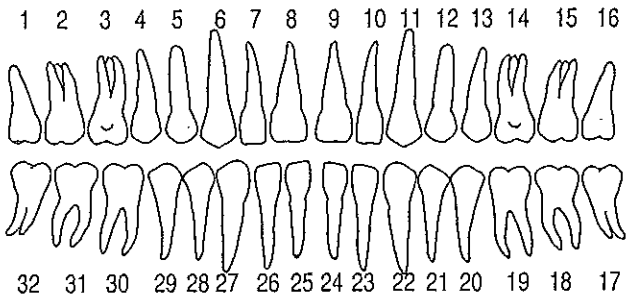
Date _____ X-Rays Enclosed: Yes No

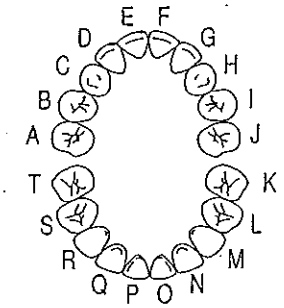
Patient's Name _____ Phone _____

From Dr. _____ Dr.'s Phone _____

PLEASE EVALUATE MY PATIENT FOR THE FOLLOWING:

- ❑ Alveoloplasty
- ❑ Biopsy
- ❑ Blepharoplasty
- ❑ Brow Lift
- ❑ Dental Implants
- ❑ Extractions
- ❑ Evaluation
- ❑ Exposure of Impacted Teeth
- ❑ Face Lift
- ❑ Forehead Lift
- ❑ Frenectomy
- ❑ Genioplasty
- ❑ Laser Surgery
- ❑ Laser Skin Resurfacing
- ❑ Medically Compromised
- ❑ Orthognathic Surgery
- ❑ Rhinoplasty
- ❑ Ridge Augmentation
- ❑ Salivary Gland
- ❑ Scar Revision
- ❑ Sinus Lift
- ❑ TMJ Evaluation
- ❑ Tori Removal
- ❑ Vestibuloplasty





❑ Maxillofacial Injury: ❑ Dentoalveolar ❑ Mandible ❑ Maxilla ❑ Nasal ❑ Orbit ❑ Zygoma

Anesthesia Preference:

- ❑ Local
- ❑ N_2O / O_2
- ❑ IV Sedation
- ❑ General

Patients Desiring IV Sedation or General Anesthesia
1. Nothing to eat/drink 6 hours prior to surgery.
2. Patient must bring a driver who will wait in the office.
3. Loose fitting clothes; no contacts, cosmetics or nail polish.
4. Bring medicine list.

Remarks _____

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