



South Dayton
Oral & Maxillofacial Surgery

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Presenting: _____ Date: _____

Reason For Referral: _____

				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		
R	_____																		L
	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				

Referring Doctor: _____

Radiographs: With Patient Mailed Emailed Please Take

To prepare for your appointment:

- Please bring this referral with you. Print and complete new patient forms at <http://www.southdaytonoms.com>.
- **For patients having General Anesthesia / Sedation: DO NOT eat or drink anything, including water, within 8 hrs of your appointment.** Have a responsible adult accompany you and drive you home.
- Special Conditions:
 - If you have an artificial heart valve or artificial joint, please advise the office so antibiotics can be prescribed prior to treatment.
 - If you are on blood thinners or have any medical problems that could affect your treatment, please bring this to our attention prior to the appointment.
- If you do not have a consultation prior to your surgery and plan on having treatment on your first visit to the office, please verify your insurance prior to your appointment. Bring all insurance ID cards to your appointment.
- Please bring a list of all of your current medications to your appointment.