

BROWARD ORAL SURGERY

Laith Azzouni, D.M.D.

3157 N. University Drive, Suite 104, Pembroke Pines, FL 33024

(954) 431-1600 Fax (954) 432-7994

Patient's Name _____

Day _____ Date _____ Time _____

Appointment Hours: Mon., Tue., Wed., Fri. 8-4, Thurs. 9-5

Appointment Information: This time is reserved specifically for you. If you must cancel your appointment, **please notify us at least ONE day in advance.**

SPECIAL INSTRUCTIONS

- I. Contact your medical doctor regarding medications.
- II. **Patients who will be receiving sedation must have a consult.**
- III. **Please prepare to give us a complete medical history including:**
 - Past and present medical conditions.
 - Specific names of medication(s) you are currently taking including dosage(s) and directions.
- IV. **Please be prepared to provide insurance information including:**
 - Both medical & dental cards.
 - Be prepared to make a payment.

Please remember that most insurance is intended to cover some, but not all of your treatment. Most plans include PATIENT CO-PAY or deductible expenses that MUST BE PAID BY THE PATIENT AT THE TIME OF SERVICE. It is to your advantage to check with your insurance company to verify coverage before your visit.

Other Procedures (Comments):

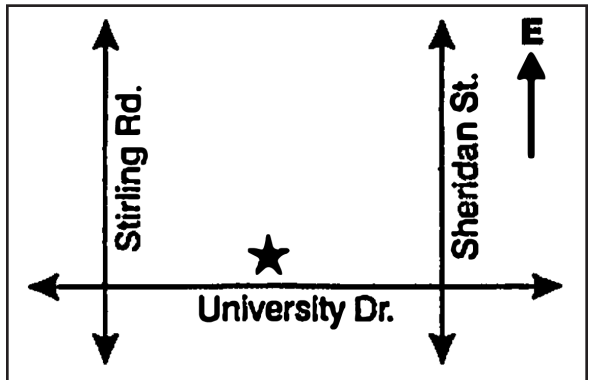
Extraction

Implant

Evaluation

Biopsy

Other



right

left

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

 A B C D E | F G H I J

 T S R Q P | O N M L K

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Referred by Dr. _____

Date: _____ Phone: _____