

Practice Limited to  
Oral & Maxillofacial Surgery

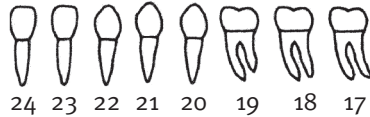
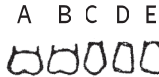
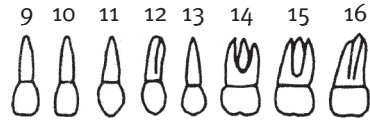
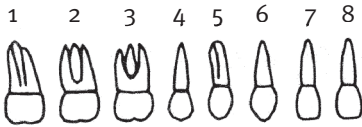
**Board Certified**  
**American Board of Oral & Maxillofacial Surgery**

Suburban Oral Surgery & Implant Center  
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Jeffrey T. Hawkins, DDS     Allan J. Libunao, DDS     Richard H. Kim, DDS, MD

Patient's Name \_\_\_\_\_

Please indicate teeth to be extracted -



- Local Anesthesia       Sedation       General Anesthesia  
 X-rays given to pt.       X-rays mailed       X-rays to be taken

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Referring Dr. \_\_\_\_\_ / Date: \_\_\_\_\_

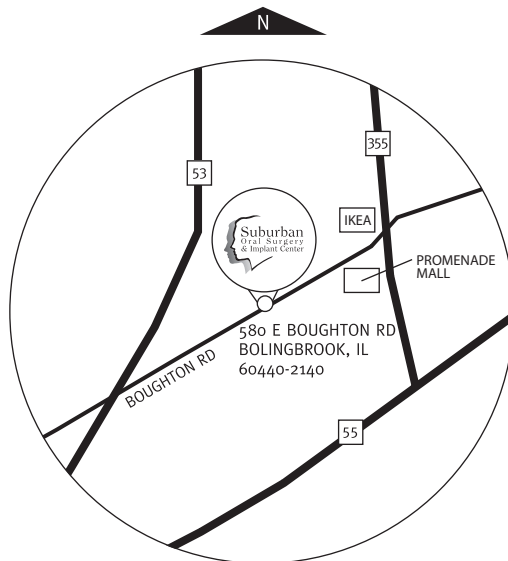
Phone: \_\_\_\_\_

PATIENTS: READ INSTRUCTIONS ON OPPOSITE SIDE

## INSTRUCTIONS FOR THE PATIENT

1. Please bring this referral slip with you the day of your appointment.
2. If you are taking any medication, please bring all prescription bottles with you.
3. If you are to have a general anesthetic (going to sleep) please observe the following:
  - a) No food or water for 8 hours prior to surgery.
  - b) An adult must accompany you at the office and drive you home.
  - c) Wear loose fitting clothes. Remove contact lenses.
4. If you have dental insurance, please bring your insurance card with you on the day of your appointment.
5. Payment is expected at the time of service unless prior arrangements are made.

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Appointment: \_\_\_\_\_  
Day Date Time