



# MERCER ORAL SURGERY

**FRED J. VECCHIONE, D.D.S., P.C.**  
ORAL AND MAXILLOFACIAL SURGERY

QUAKERBRIDGE PROFESSIONAL CENTER  
1 NAMI LANE; SUITE 2  
HAMILTON, N.J. 08619

[www.merceroralsurgery.com](http://www.merceroralsurgery.com)

PHONE (609) 520-0046  
FAX (609) 838-0117

DIPLOMATE, AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY  
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Please bring the following with you on the day of your appointment:

- A complete list of any medications you are taking
- The names and phone numbers of your physicians
- Any dental and/or medical insurance information
- Any x-rays which you may have

Please bring this card with you on the day of your appointment.

Fold Here →

NAME \_\_\_\_\_

RIGHT LEFT

E D C B A A B C D E

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

E D C B A A B C D E

PLEASE CIRCLE TEETH TO BE REMOVED

LIST OTHER SURGERY REQUESTED \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

REFERRED BY: \_\_\_\_\_