



MERCER ORAL SURGERY

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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

E D C B A

8 7 6 5 4 3 2 1

8 7 6 5 4 3 2 1

E D C B A

PLEASE CIRCLE TEETH TO BE REMOVED

LEFT

A B C D E

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

A B C D E

LIST OTHER SURGERY REQUESTED _____

REFERRED BY: _____