PREMIER
ORAL & MAXILLOFACIAL SURGERY

Abdulkader H. Ghadiali, DDS
Board Certified Oral and Maxillofacial Surgeon
16523 106th Court Unit C2, Orland Park, IL 60467
(708) 942-8154
(708) 551-0753
info@premieromfs.com
www.premieromfs.com

Patient Name _____

Patient Phone _____ Date of Birth _____

Referring Doctor _____

Referring Doctor Signature _____ Today's Date _____

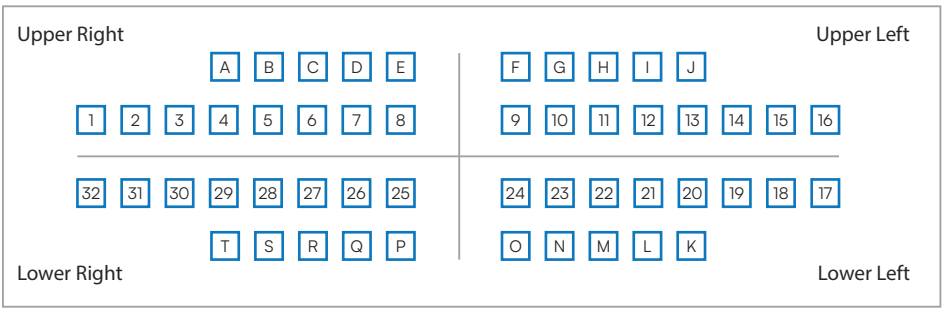
Reason for Referral

- ◯ Wisdom Teeth Removal
- ◯ Extraction(s)
- ◯ Expose & Bond
- ◯ Implant(s)
- ◯ All-on-X (Upper Arch)
- ◯ All-on-X (Lower Arch)
- ◯ Bone Grafting
- ◯ Other _____
- ◯ Pathology Evaluation
- ◯ Orthognathic Surgery
- ◯ Trauma

Recent X-Rays

◯ Date Taken _____ ◯ Sent with Patient ◯ Mailed ◯ Emailed ◯ Please take

Area(s) to be evaluated/treated



Additional Comments _____

Radiographs and referral slips can be emailed to info@premieromfs.com.
All patients are encouraged to complete their patient registration forms by visiting our website at www.premieromfs.com.

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PREPARING FOR YOUR FIRST VISIT

- Complete patient registration forms prior to your appointment by visiting www.premieromfs.com.
- Arrive 15 minutes early to complete the check in process.
- Bring the following documents:

  o All x-rays and this referral slip.
  o A photo ID, both dental and medical insurance cards.
  o Medication list, if necessary.

INSTRUCTIONS FOR PATIENTS HAVING GENERAL ANESTHESIA ONLY

- Do not eat or drink anything 8 hours prior to your surgery. NO FOOD OR DRINK, including water, unless directed by your doctor.
- Take prescribed medications with a small sip of water unless instructed otherwise.
- Wear loose, comfortable clothing with sleeves that can be raised above your elbow.
- YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT TO DRIVE YOU HOME & STAY WITH YOU FOR TWENTY FOUR HOURS AFTER SURGERY.

Please call our office with any questions! **708-942-8154**

Please give 48 hours notice if you are unable to keep this appointment

