

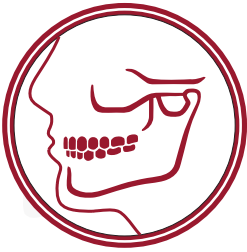
**THE BROOKLYN
CENTER FOR
ADVANCED ORAL
& FACIAL RECONSTRUCTION**



**1755 OCEAN PARKWAY
BROOKLYN, NY 11223**

**PHONE: 718.998.3660
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**WWW.OCEANPARKWAYOMS.COM
BY APPOINTMENT ONLY**



THE BROOKLYN CENTER FOR ADVANCED ORAL & FACIAL RECONSTRUCTION

MARK B. BIRNBAUM, D.D.S.
NORMAN E. JOHNSON, D.D.S.
STEVE MANZON, D.M.D.
AVI FEYGIN, D.M.D.

Date: _____

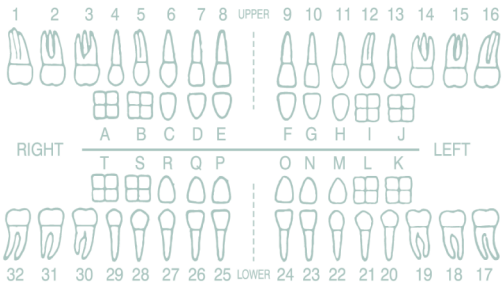
Patient's Name: _____

Doctor's Name: _____

NOTE: BRING THE NAMES AND DOSAGES
OF ALL MEDICATIONS THAT YOU TAKE.

if **GENERAL ANESTHESIA** is requested, please follow these instructions:

1. Please do not eat or drink anything for six (6) hours prior to your surgery.
2. You are not allowed to drive after general anesthesia. Please have someone escort you home after the procedure.
3. Unless told to do otherwise by your doctor, please take all of your normal medications as scheduled. If you have a question about your medications, please call our office and speak with a doctor.



CONSULTATION:

- PATHOLOGY ORTHOGNATHIC SURGERY
 SURGICAL ORTHODONTICS

DENTAL IMPLANTS: # _____

- SINUS LIFT BONE GRAFTING SOCKET GRAFTING

REMARKS: _____

