



K A L I S P E L L
ORAL SURGERY

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www.kalispelloralsurgery.com Email: info@kalispelloralsurgery.com

Referral Date: _____

Referring Doctor: _____

Patient Name: _____

Date of Birth: _____

Patient Phone: _____

Insurance Information + Billed Amount: _____

PLEASE PROVIDE THE FOLLOWING:

- Extraction Implant Bone Grafting TMJ
- Uncover & Bond Biopsy Jaw Surgery Other

Radiograph:

Date of Imaging:

- Enclosed Emailed Given to patient Please take one

Right																Left
1	2	3	A	B	C	D	E	F	G	H	I	J	14	15	16	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
			T	S	R	Q	P	O	N	M	L	K				

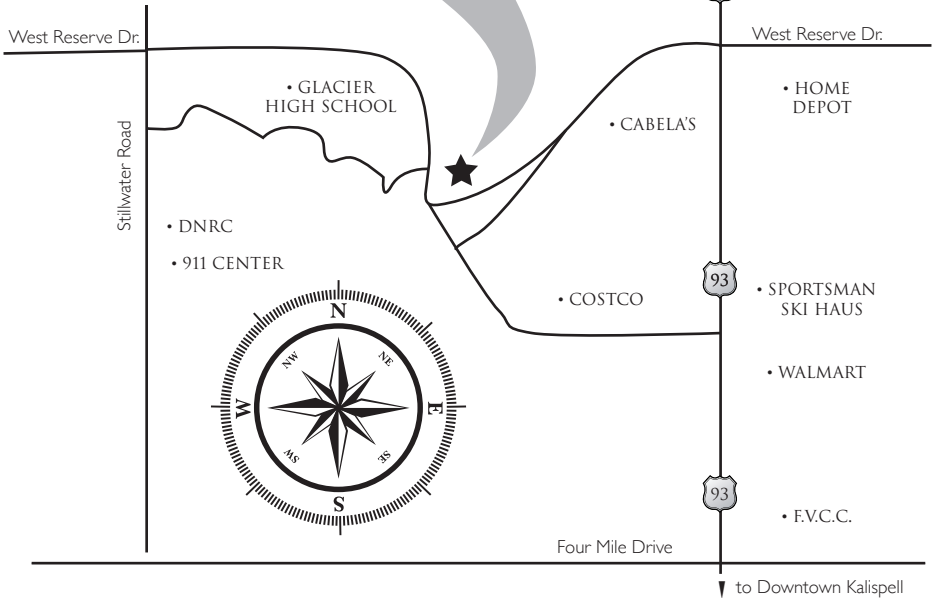
Comments:

Doctor's Signature:



K A L I S P E L L
O R A L S U R G E R Y

to Whitefish



DAY OF SURGERY:

If you are having IV sedation, we have some instructions for you to follow on the day of surgery.

1. Remember to have nothing to eat or drink for 8 hours before your surgery. If you take prescription medications, then you may do so with small sips of water.
2. Following the surgery/sedation, you will not be able to drive. You must bring a responsible adult who may drive you home.
3. Do not wear contact lenses. Be sure to wear comfortable, loose clothing.
4. Any patient that is under 18 years of age must be accompanied by a parent or guardian.
5. Parents, guardians and drivers must stay in the lobby for the entire duration of the surgery.
6. Please bring photo identification and your insurance information.

Thank you