

Barefoot Oral & Facial Surgery

Matthew R. Barefoot, DDS, MD

Patient's Name: _____ Tel: _____

Appointment Date: _____ Time: _____

Referring Doctor's Name: _____

Our goal is that our patients experience exceptional care in a safe and nonthreatening environment. To facilitate this care we appreciate consulting with all our patients prior to the day of surgery. This appointment will provide time to discuss your diagnosis and proposed treatment. This is also an opportunity to carefully evaluate your health and address any concerns you may have.

Purpose for Appointment:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dental Extraction(s) | <input type="checkbox"/> Dental Implant(s) | <input type="checkbox"/> 3rd Molar Removal |
| <input type="checkbox"/> Pathology/Biopsy | <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Exposure and Bond |
| <input type="checkbox"/> Orthognathics | <input type="checkbox"/> Facial Trauma | <input type="checkbox"/> TMJ Evaluation |
| <input type="checkbox"/> Infection | <input type="checkbox"/> All-On-4 | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Other: _____ | | |

| | | | | | | | | | | | | | | | |
|-----------|----|----|----|-----------|----|----|----|----|----|----|----|----|----|----|----|
| 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 |
| A B C D E | | | | F G H I J | | | | | | | | | | | |
| T S R Q P | | | | O N M L K | | | | | | | | | | | |

Implant Brand or Additional Comments: _____
