



Woodlands Oral & Maxillofacial Surgery
Mark A. Crane, DDS, MD

Patient: _____ Birthdate: ____/____/____ Sex: M F

Patient Address: _____

Home Phone: _____ Work Phone: _____

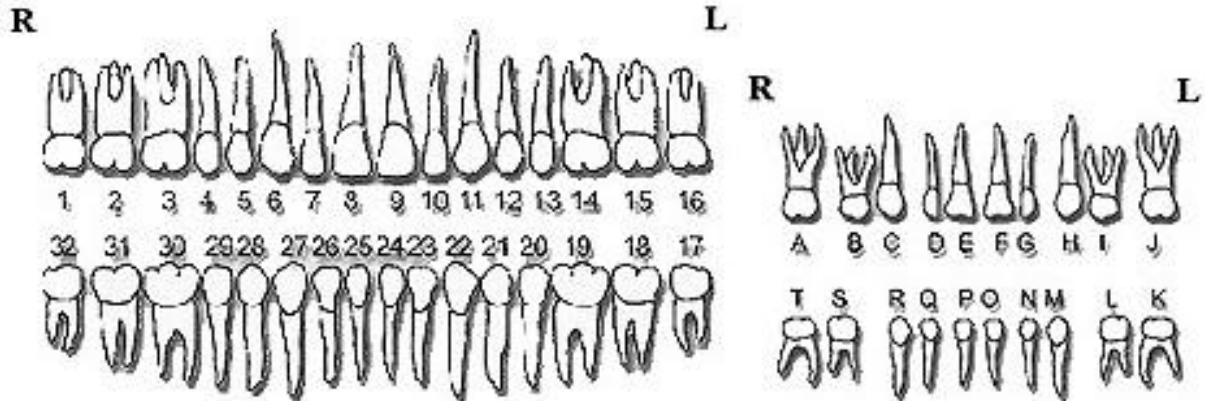
Referring Doctor: _____ Phone: _____

Address: _____ Date: _____

The favor and trust of your referral is greatly appreciated.

Referring Doctor's Request and Comments:

Please "X" the teeth/area to be treated:



Please fax or mail this form to us so that we may forward a welcome packet to the patient.
Kindly include x-rays with your mailing.

1635 South Plaza Way, Flagstaff, Arizona 86001 . Office: 928.214.7052 . Fax: 928.214.7059

We are pleased to appoint you with Dr. Crane. This time is set aside so that he may give you his undivided attention. Should you need to reschedule, **kindly give us 24 hours notice**, so that we may accommodate other patients.

If your Doctor is sending x-rays, please arrange for them to arrive for your appointment. This will prevent delays in your treatment.

We will mail a welcome packet to all new patients prior to your first visit with us. Please complete the medical history and financial information forms in the comfort of your home.

For patients to be sedated during surgery:

- Do not eat or drink anything for six hours prior to your surgery, except for a sip of water with required medications.
- Clean your teeth and mouth well prior to surgery.
- Arrange for a responsible adult to accompany you during surgery, and to drive you home.
- Any unmarried patient under 18 years of age must be accompanied by a parent or guardian.

We are located in Flagstaff, at 1635 South Plaza Way (at the corner of Woodland Village and Plaza Way, across from Home Depot). **Should you need additional assistance, contact our office staff at:**

Office: 928.214.7052 Fax: 928.214.7059 Outside Arizona: 800.720.2466
www.woodlandsoms.com

