



# Oral Surgery Services

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Introducing \_\_\_\_\_ Date \_\_\_\_\_

Patient Phone \_\_\_\_\_ DOB \_\_\_\_\_

Call to appoint     Patient will call     Appointment made by referring doctor

Referring Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please Mark Teeth or Area to Be Treated

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

## Requested Consultation

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Wisdom Teeth Removal | <input type="checkbox"/> Implant(s)  | <input type="checkbox"/> Cone Beam Scan          |
| <input type="checkbox"/> Extraction           | <input type="checkbox"/> Biomet/3i   | <input type="checkbox"/> Pathology Evaluation    |
| <input type="checkbox"/> Site Preservation    | <input type="checkbox"/> Zimmer      | <input type="checkbox"/> Orthognathic Evaluation |
| <input type="checkbox"/> Apicoectomy          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Expose and Bond         |

Radiographs:  Emailed     Given to patient     Mailed     None

Special Instructions or Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Woonsocket Medical Center:  
20 Cumberland Hill Road, Suite 101  
Woonsocket, RI 02895  
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Dental Arts and Oral Surgery Center:  
600 Wampanoag Trail  
East Providence RI 02915  
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### Instructions for First Visit

- Please bring all x-rays, this referral slip, pertinent medical information and a list of ALL medications you are currently taking.
- Please alert the office if you have a medical condition that may be of concern prior to surgery.
- Please bring both your medical and dental insurance information on the day of your appointment.
- Patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult.

### Instructions for General Anesthesia

PLEASE NOTE: In most instances the patient is seen first for a consultation and then scheduled for surgery at a separate appointment. The following only applies if surgery is done at the first appointment

- Do NOT eat or drink anything 8 hours prior to surgery: NO FOOD and NO WATER.
- You must arrange for someone to drive you to the office, stay and drive you home after the surgery. DO NOT DRIVE for the remainder of the day.
- Any unmarried patient under 18 years of age must be accompanied by a parent or legal guardian at the time of surgery.

*Please give 24 hours notice if you are unable to keep this appointment.*