

Introducing Patient:

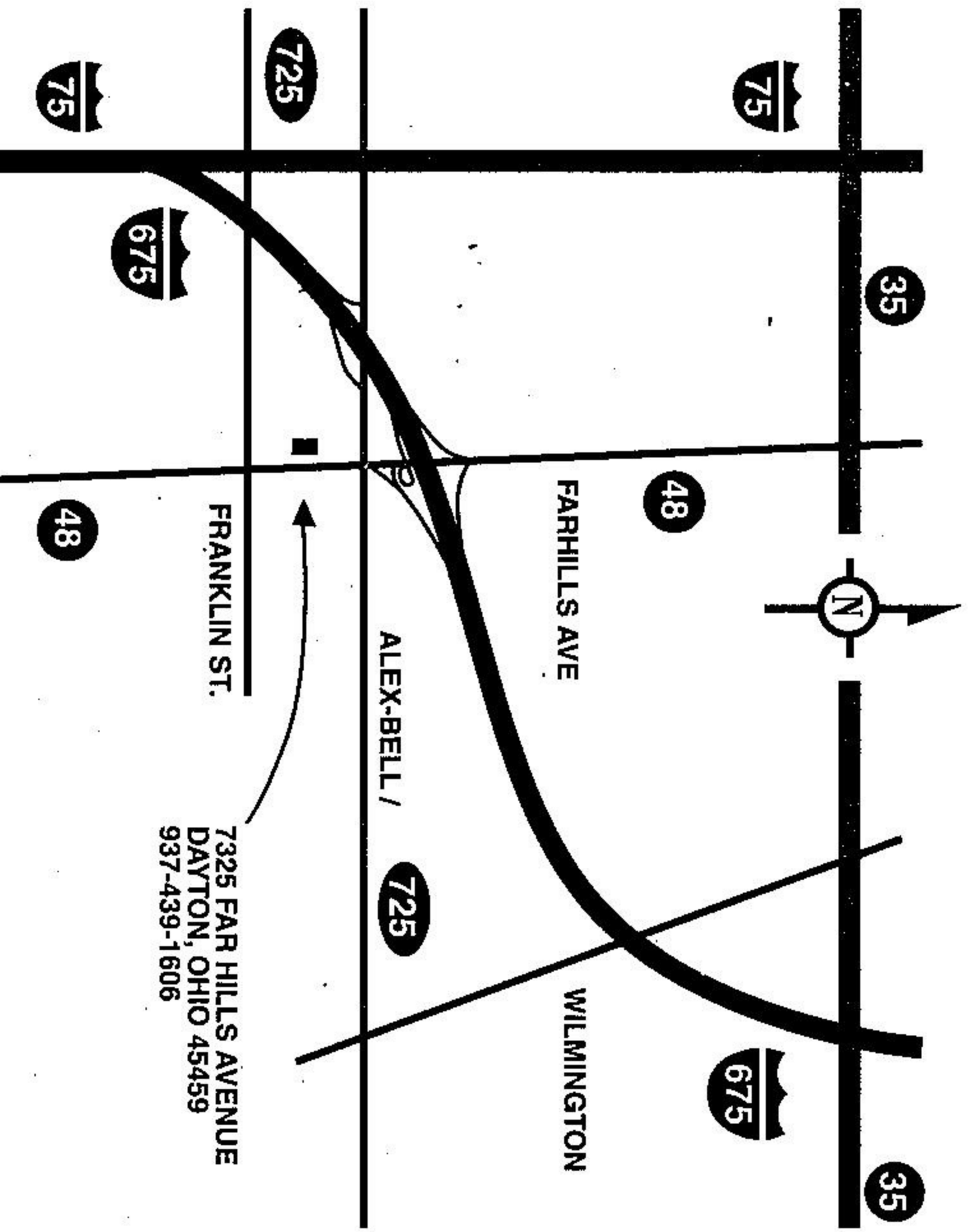
Appointment Date: _____ Time: _____

Procedure Requested: _____

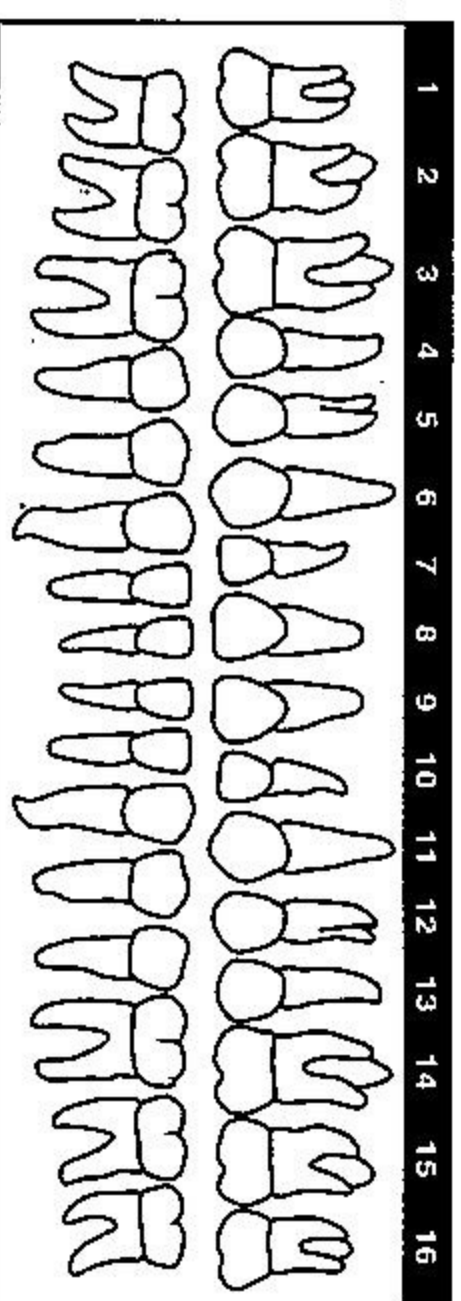
Michael A. Herman D.D.S.

Diplomate, American Board of Oral & Maxillofacial Surgery

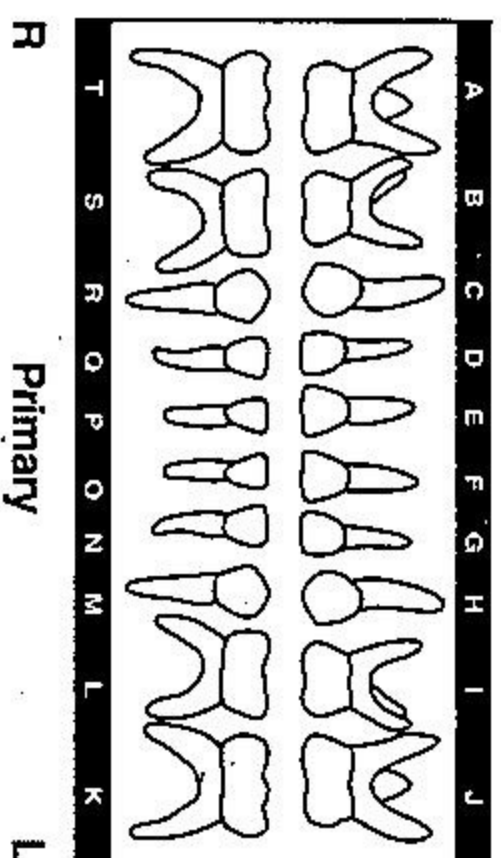
7325 Far Hills Avenue
Dayton, Ohio 45459
Phone 937-439-1606
Fax 937-439-0630



7325 FAR HILLS AVENUE
DAYTON, OHIO 45459
937-439-1606



R Permanent L



Referring Doctor: _____

Instructions Before Surgery

▶ Patients Having **Local Anesthesia:**
Please wear comfortable clothing.

Eat a light, easily digestible meal prior to surgery.

▶ Patients Having **General Anesthesia (Sedation):**

Do not eat or drink anything, including water, for 8 hours prior to surgery.

Have a responsible adult accompany you and drive you home.

Please do not wear contact lenses, jewelry or makeup.

▶ Special Conditions:

If you have a heart murmur, artificial heart valve,

or artificial joint please advise the office

so antibiotics can be prescribed prior to treatment.

If you are on blood thinner or have any medical problems

that could affect your treatment,

please call this to our attention.

▶ If you will be filing an insurance claim,
please bring the completed and signed insurance
form with you at the time of surgery.

**PLEASE PRESENT THIS CARD TO THE RECEPTIONIST
WHEN YOU REPORT TO THE OFFICE**