

**Canandaigua****Oral Surgery, PC**

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Patient: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred By Dr.: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Please mark teeth to be extracted/areas to be evaluated:

**PERMANENT****DECIDUOUS**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Third Molar Extraction | <input type="checkbox"/> Dental Implants                 |
| <input type="checkbox"/> Extraction(s)          | <input type="checkbox"/> Pre-Prosthetic Surgery          |
| <input type="checkbox"/> Expose and Bond        | <input type="checkbox"/> Lesion evaluation               |
| <input type="checkbox"/> Bone Grafting          | <input type="checkbox"/> Orthognathic Surgery Evaluation |
| <input type="checkbox"/> Soft Tissue Grafting   | <input type="checkbox"/> Other/Comments                  |

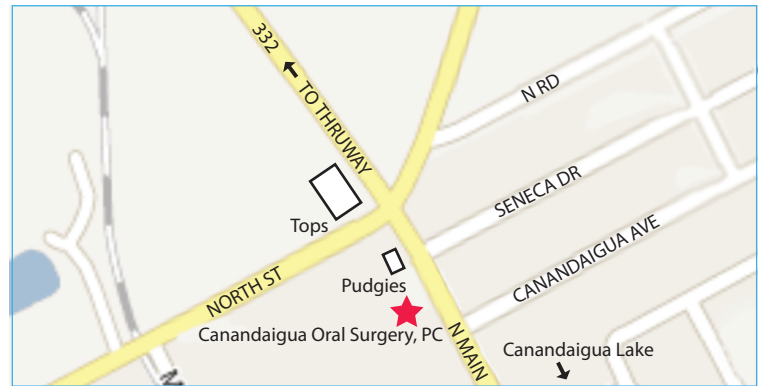
☐ Radiograph Required ☐ Radiograph Emailed/Mailed

Image Date: \_\_\_\_\_ ☐ Radiograph Given to Patient

Please visit us at [www.canandaiguaoralsurgery.com](http://www.canandaiguaoralsurgery.com) to complete your registration forms prior to your appointment.

1. If your doctor is sending x-rays, please arrange for them to be here at the time of your appointment.
2. Please bring a list of any medications you are currently taking.
3. Please bring current insurance information.
4. Any patient under 18 years of age must be accompanied by an parent or guardian at time of visit.

The office location is noted on the map below. Our office staff will gladly provide additional directions to our office.



*For Patients Who are to Receive  
 IV Sedation or General Anesthesia:*

A responsible adult must accompany the patient to the office and stay with the patient until adequately recovered at home. The patient should have nothing to eat or drink for six hours prior to surgery. A light meal on the night prior to surgery is recommended. Please wear comfortable clothing.