

ARMANINI & KOLODYCHAK, L.L.P.

Oral & Maxillofacial Surgery

TIMOTHY J. ARMANINI, D.D.S.

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4600 ZUCK ROAD (ZUCK & WEST GRANDVIEW)

ERIE, PENNSYLVANIA 16506

(814) 838-2144 • Fax: (814) 838-7227

PATIENT NAME _____

APPOINTMENT DATE _____ TIME _____

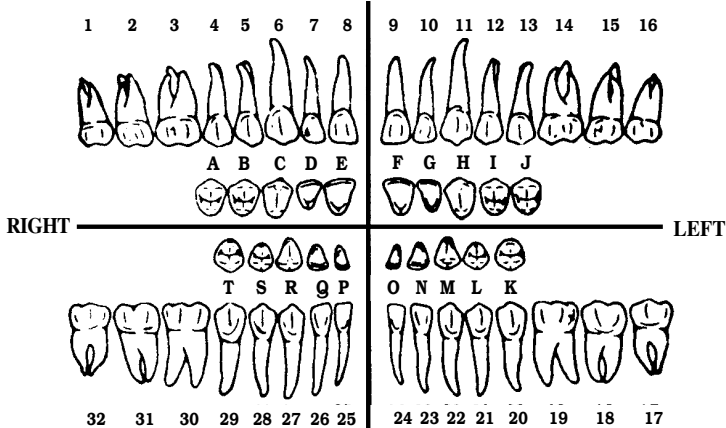
PATIENT INSTRUCTIONS:

1. If your x-rays are being sent to our office, please consider calling us 1-2 days prior to your appointment to confirm their arrival.
2. Please provide our office a list of all medications you may take.
3. Please bring insurance information, including medical and dental insurance cards and forms.
4. If you belong to a HMO, please contact your Primary Care Physician (PCP) for authorization. Without the needed PCP referral we would have to reschedule your appointment.
5. All minors (under age 18) **must** be accompanied by a parent or legal guardian.
6. Your first appointment is typically for **consultations only** with the exception of certain procedures.

REASON FOR REFERRAL:

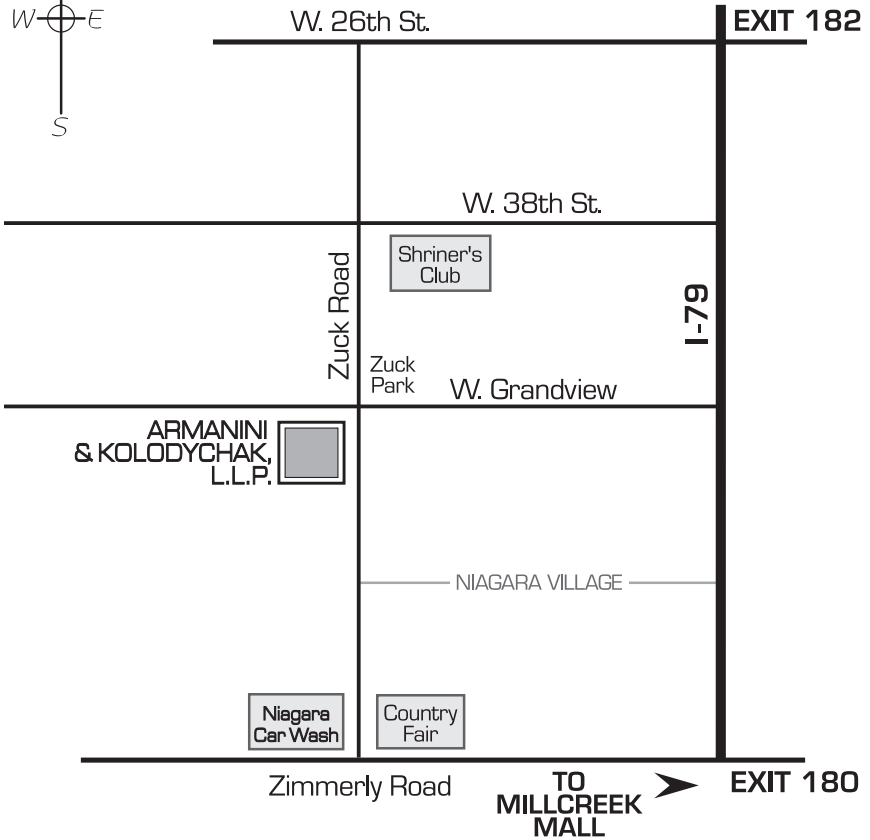
- | | |
|--|------------------------------|
| _____ Dental Implants | _____ Oral Disease/Pathology |
| _____ 3rd Molar Consultation and Surgery | _____ Surgical Exposure |
| _____ Extractions | _____ Other |

RADIOGRAPHS: _____ ENCLOSED _____ NONE AVAILABLE



REMARKS _____

DOCTOR _____ DATE _____



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