

peak oms

ORAL & MAXILLOFACIAL SURGERY
& DENTAL IMPLANT CENTER

Dr. Haeman Noori

Board Certified Oral & Maxillofacial Surgeon

office 303.232.5637
www.peakoms.com

fax 303.232.5638
email officemanager@peakoms.com

2290 Kipling Street, Suite 2
Lakewood, Colorado 80215

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introducing patient _____

date _____

- 3rd molars
- extraction(s)
- prosthetic surgery
- pathology
- trauma
- expose & bond orthodontic anchors
- implant(s): soft tissue grafting anticipated yes no
- cone beam ct requested yes no
- plan for immediate provisional yes no
- implant overdenture yes no
- full arch Axed or removable prosthesis yes no

please evaluate & perform _____

other: _____

			a	b	c	d	e		f	g	h	i	j			
R	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
				t	s	r	q	p	o	n	m	l	k			

radiographs: emailed mailed given to patient please take please return

referring doctor _____

date _____

special instructions for deep conscious and intravenous sedation patients ONLY:

1. have nothing to eat or drink 8 hours prior to the procedure, please take your normal medication and have the medications recommended by our doctor with a small sip of water.
2. a responsible adult must accompany you to your visit, remain in the office, and drive you home after your procedure.
3. please wear loose clothing with short sleeves, you may layer clothing over this if you would like.
4. driving of vehicles is not recommended for the first 24 hours following your procedure.
5. minors must be accompanied by a responsible parent or guardian to ALL visits.

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