

Dr. Eduardo Nicolaievsky
Oral and Maxillofacial Surgery

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Oral and Maxillofacial Surgery

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Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us at least two days in advance.

Date _____ Time _____ DAY _____

Introducing _____

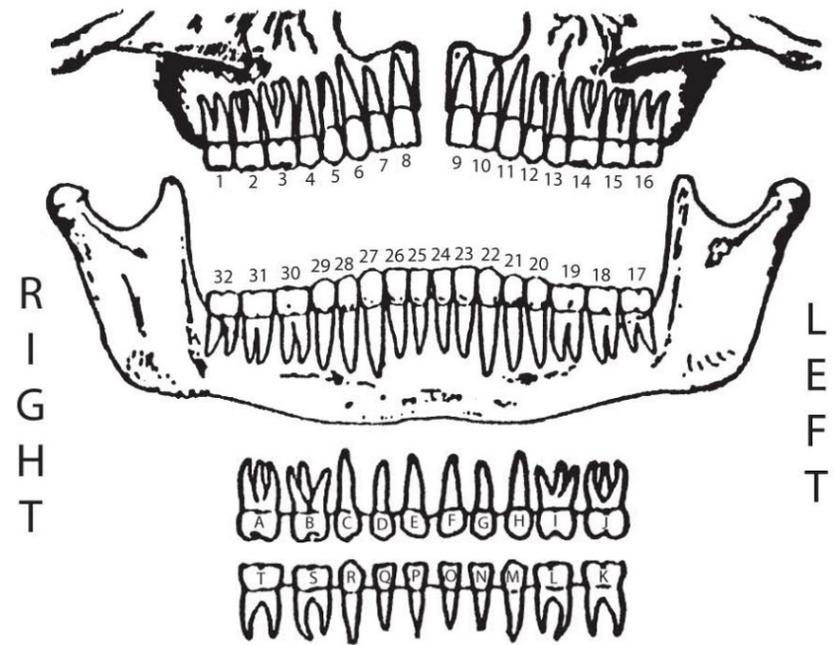
Referred by _____

Special Instruction For IV Sedation Patients

PLEASE NOTE THAT IN MOST INSTANCES THE PATIENT IS SEEN FIRST FOR CONSULTATION TO REVIEW THE HEALTH HISTORY, DECIDE ON THE MOST APPROPRIATE ANESTHESIA, TREATMENT PLAN, AND SCHEDULE SURGERY.

THE FOLLOWING APPLIES IF SURGERY AND IV SEDATION IS TO BE PERFORMED WITHOUT A CONSULT FIRST.

1. Do not have anything to eat or drink 8 hours prior to surgery if having I.V. sedation, with the exception of routine medications and/or medication prescribed by our office. You may drink clear liquids (water, tea, plain coffee, etc...) up to 2 hours before your procedure.
2. A responsible person must accompany you and be able to drive you home. Do not plan to drive an automobile the day of the procedure.
3. An unmarried patient under the age of 18 years must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at the time of operation).



Consultation

- | | |
|--|---|
| <input type="checkbox"/> Implant | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> Soft Tissue Graft | <input type="checkbox"/> Dentoalveolar |
| <input type="checkbox"/> Temporo-Mandibular Disorder | <input type="checkbox"/> Pre-Prosthetic |
| | Other _____ |

Radiographs

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> No X-Ray | <input type="checkbox"/> Given to Patient | <input type="checkbox"/> Please Take |
| <input type="checkbox"/> Being Mailed | <input type="checkbox"/> Will bring X-ray | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Being E-Mailed | | |
| <input type="checkbox"/> (Send to: xrays@blumnico.com) | | |

Remarks or Special Instructions
