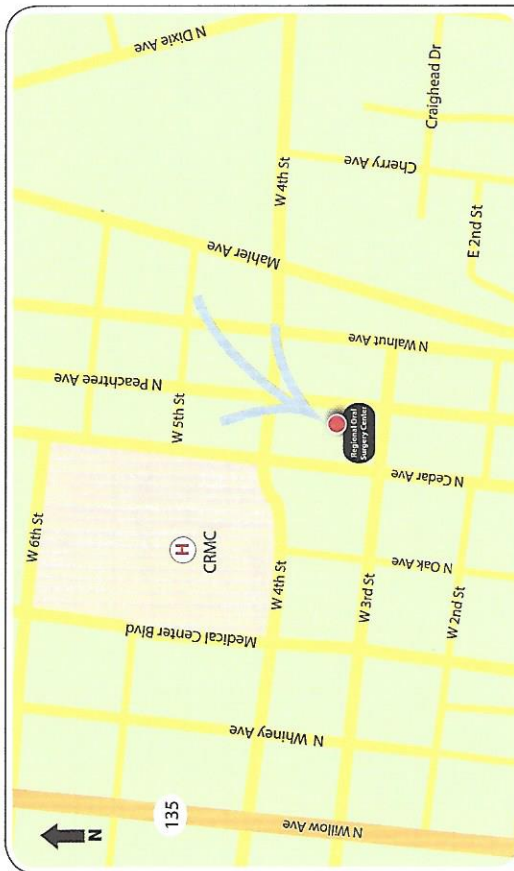




**REGIONAL ORAL SURGERY CENTER**



**COOKEVILLE OFFICE**

David M. Owsley, DMD  
Robert E. Brooksbank, D.D.S.

**ORAL & MAXILLOFACIAL SURGERY**

33 West Third Street, Cookeville, TN 38501  
Tel: 931-528-6252 Fax: 931-372-8526  
Email: ROSC@regionaloralsurgery.com

**THE REGIONAL ORAL SURGERY CENTER OF THE UPPER CUMBERLANDS IS COMMITTED TO PROVIDING YOU WITH THE HIGHEST QUALITY SERVICE AND CARE.**

*Please remember the following to help us in scheduling your appointment.*

1. Bring this surgical referral slip with you.
2. Bring your medical and/or dental insurance card.
3. Bring any related x-rays.
4. Bring a list of medications you are taking.
5. The initial visit is for evaluation and consultation only - with the exception of certain emergency cases. If you require surgery, it will be scheduled at a later date.
6. All patients under the age of 18 must be accompanied by a responsible parent or guardian.



**REGIONAL ORAL SURGERY CENTER**



Dr. David M. Owsley, DMD\*

Dr. Robert E. Brooksbank, DDS

**\*Diplomate, American Board of Oral & Maxillofacial Surgery**

Date \_\_\_\_\_

Patient \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Referring Doctor \_\_\_\_\_

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

X-rays to be delivered:  By Patient  Electronically

Remarks \_\_\_\_\_

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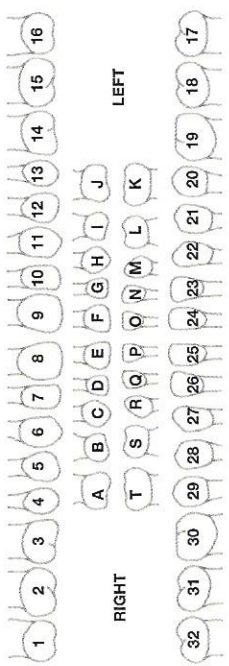
**Anesthesia Preference:**  Local  N<sub>2</sub>O<sub>2</sub>  IV General

**Patients Desiring Sedation**

1. Nothing to eat/drink 6-8 hours prior to surgery.
2. Patient must bring a driver who will wait in the office.
3. Loose fitting clothes; no contacts, cosmetics or nail polish.
4. Bring medication list.

**Please evaluate my patient for the following:**

- Dental Implant  Bone Grafting  Extraction  Biopsy



- Tori  Ridge Augmentation  Soft Tissue Grafting  Alveoplasty

**OFFICE LOCATION ON BACK**