



**REGIONAL ORAL
SURGERY CENTER**



**REGIONAL ORAL
SURGERY CENTER**



Dr. David M. Owsley, DMD*
Veteran, USCG

***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 _____

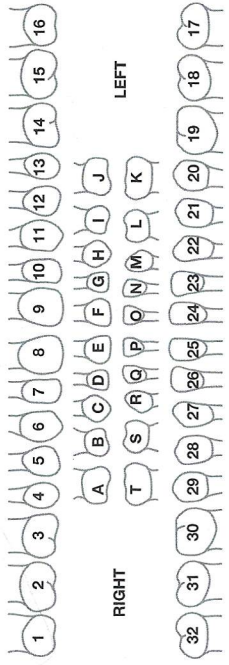
Anesthesia Preference: Local N₂O IV General

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.

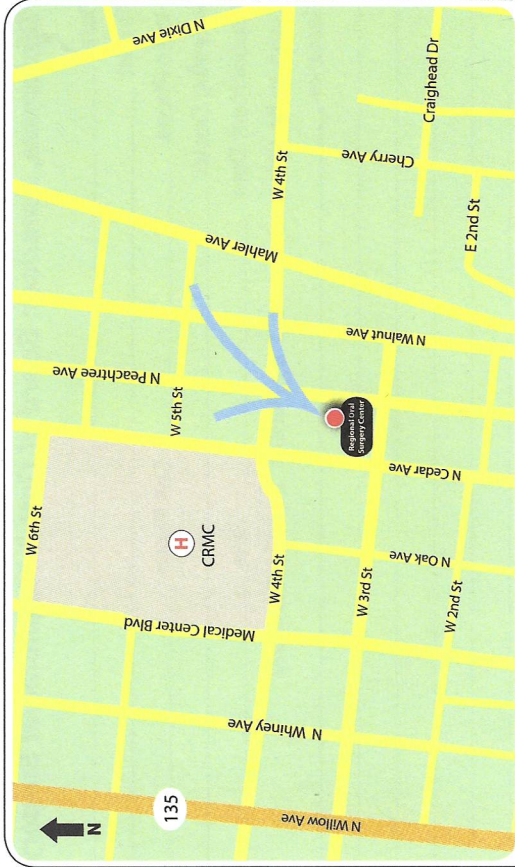
Please evaluate my patient for the following:

Dental Implant Bone Grafting Extraction Biopsy



Tori Ridge Augmentation Soft Tissue Grafting Alveoplasty

OFFICE LOCATION ON BACK



COOKEVILLE OFFICE

David M. Owsley,
DMD

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.