



**Kevin Gavert, D.D.S., F.R.C.D.(C)**  
**Oral and Maxillofacial Surgeon**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

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- Consultation
- IV or N<sub>2</sub>O Sedation
- Extraction
- Pathology / Biopsy
- Orthodontic Exposure / Button
- Surgical Repositioning
- Sinus Lift / Bone Graft
- Implant Placement Surgery
- Panoramic Radiograph (PAN)
- Frenectomy
- Other \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ D.D.S./D.M.D.

Dr. Kevin Gavert  
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Please present this form to receptionist at the time of your appointment.

Appointment: Date \_\_\_\_\_

Time \_\_\_\_\_

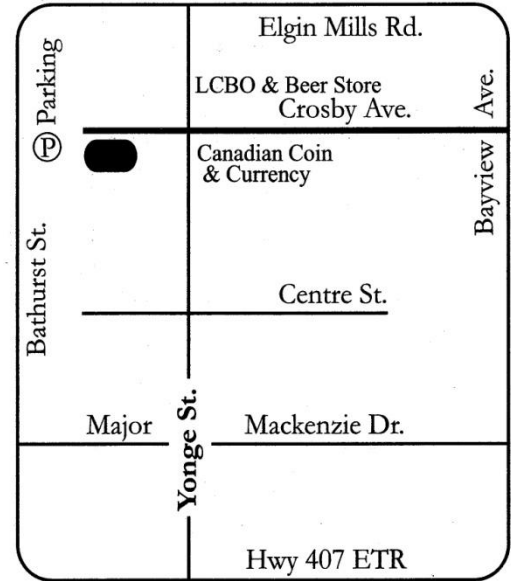
### Pre-Operative Instructions:

#### For Nitrous Oxide (Laughing Gas):

- Do not eat or drink anything for at least **two hours** before surgery.
- The meal beforehand should be light and of small portions.
- Patients **are** permitted to operate a motor vehicle after surgery.

#### For IV or Oral Sedation:

- Do not eat or drink anything for **eight hours** before surgery.
- The meal beforehand should be light and of small portions.
- Ice chips may be taken up to **two hours** before for dry mouth.
- You must be driven home by a responsible adult that will accompany you home after the procedure.
- Patients **are not** legally permitted to operate a vehicle or use machinery for 24 hours after surgery.



South West Corner of Crosby & Yonge  
(Keep left of split driveway)

Please allow the courtesy of at least two business day's notice in case of rescheduling or cancelling to avoid unnecessary fees.