



EMILIO D. FERRARA, D.D.S.

1930 STATE ROUTE 59, STE. E
KENT, OHIO 44240
TEL 330.678.9942

Patient Referral

Name _____ Appointment _____ at _____ A.M.
P.M.

If you are having a general anesthetic:

1. **DO NOT EAT OR DRINK ANYTHING** anything after midnight prior to your scheduled surgery.
2. **IF YOU ARE ON MEDICATIONS**, please notify our office immediately. Please bring a list of the medications and dosages that you are taking or bring your prescriptions with you to your appointment.
3. **HAVE SOMEONE WITH YOU WHO** will be able to drive you home and take care of you after surgery. This person must be **AT LEAST 18 YEARS OR OLDER**. The patient will not be permitted to drive after general anesthetic.
4. **MINORS** (under 18 years old) must have a parent or legal guardian present at the time of surgery.
5. **WE RECOMMEND THAT:**
 - a. You should wear loose, comfortable clothing with a short sleeve top.
 - b. You should not wear heavy makeup, lipstick, or nail polish.
 - c. You should not wear jewelry.
 - d. ALL tongue rings must be removed prior to the appointment.
 - e. ALL patients must remove contact lenses prior to the appointment.

IF THERE IS A CHANGE IN THE TREATMENT PLAN, PLEASE NOTIFY THE OFFICE.

IF YOU NEED TO CHANGE TIMES, RESCHEDULE, OR CANCEL YOUR APPOINTMENT PLEASE NOTIFY THE OFFICE AS SOON AS POSSIBLE.

			A	B	C	D	E	F	G	H	I	J			
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			

Referred By:

Dr. _____ Phone: _____

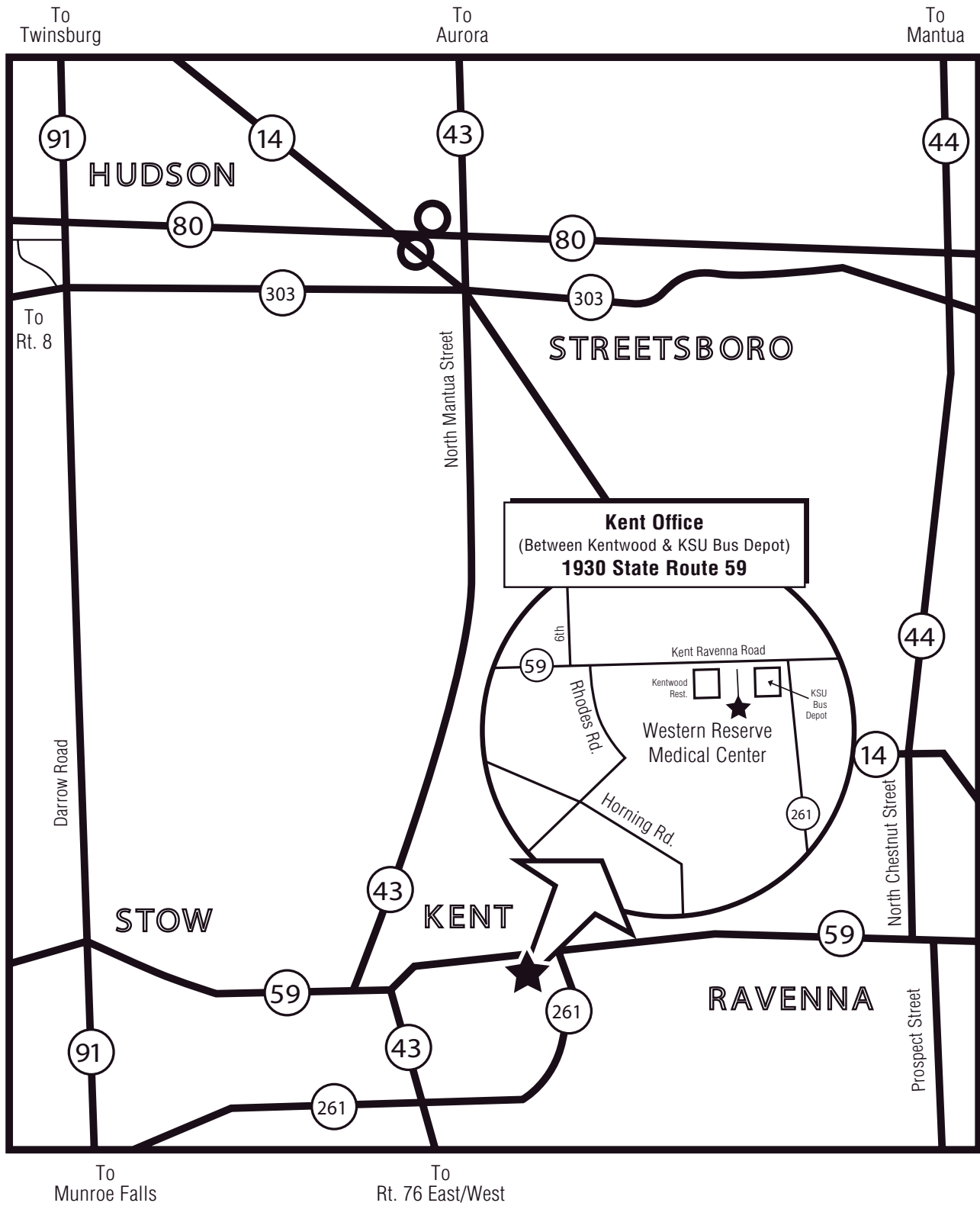
Written Instructions: _____

Special Instructions: _____

Radiographs:

Mailed with Referral Patient Bringing Not Available

Please make a copy for patient record.



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HOURS BY APPOINTMENT