

## \*\*\*FOR OFFICE STAFF ONLY\*\*\*

## **PRE-OPERATIVE INFORMATION**

(Please send one email per patient to james@paynedds.com—each including the 4 items below.)

- 1. Panoramic X-ray (less than one year old)
- 2. Medical History Form (2 of 10)
- 3. Proposed treatment plan
- 4. Scheduling preferences

## **DAYS BEFORE THE SURGERY**

- 1. Make sure patient has received Pre-op Instructions (1 of 10).
  - a. Remind patient to have nothing to eat or drink 6 hours before appointment.
  - b. Remind patient that they must have a driver (over age 18) with them.
  - c. Email Dr. Payne with any unanswered questions.
- 2. Email Dr. Payne with confirmation of the appointment date and time.

## **DAY OF SURGERY**

(To be completed prior to Dr. Payne's arrival)

- 1. Complete forms (have patient fill-in all gray-shaded areas).
- 2. Attach copy of final treatment plan.
- 3. Attach current X-ray.
- 4. Include pack of gauze.
- 5. Set-up 5-7 day post-op appointment.
- 6. Collect fee.