



ORAL-FACIAL SURGICAL ASSOCIATES

DENTAL IMPLANT CENTER

*Alan C. Haspel, D.M.D.
James E. Strauss, D.M.D.
Sorrell I. Strauss, D.M.D.
Jordan M. Kaltman, D.M.D.
Kathryn M. Vorwald, D.D.S., M.D.*

Sorrell I. Strauss, D.M.D. James E. Strauss, D.M.D. Alan C. Haspel, D.M.D. Jordan M. Kaltman, D.M.D. Kathryn M. Vorwald, D.D.S., M.D.

STUART OFFICE 821 S.E. Ocean Blvd., Suite A, Stuart, FL 34994
 HILLMOOR OFFICE 1801 S.E. Hillmoor Drive, Suite A106, Port St. Lucie, FL 34952
 GATLIN OFFICE 1601 S.W. Gatlin Blvd., Port St. Lucie, FL 34953

Call for appointment
772-283-6757

INTRODUCING: Name: _____ Today's Date: _____

Appointment Date: _____ **Time:** _____

RADIOGRAPHS:

Sent via email Sent via U.S. mail Given to Patient Please Take

Referred For: _____

RIGHT	Please circle teeth to be treated.										LEFT				
	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: _____

WELCOME TO OUR ORAL SURGERY/DENTAL IMPLANT CENTER

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

1. The **initial visit**, with the exception of certain urgent cases or limited procedures, is for **consultation only**.
2. Patients under (18) years of age must be accompanied by a parent or legal guardian at the initial consult.
3. Please bring all pertinent medical information, including allergies, and a list of medications.
4. Payment is expected in full at the time of your visit.
5. Patients undergoing IV sedation (asleep): **please avoid food/drinks for 6 hours prior to surgery and have a driver.**



WE INVITE YOU TO LEARN MORE ABOUT OUR PRACTICE BY VISITING US AT WWW.JAWDOCS.ORG.

