



# ORAL-FACIAL SURGICAL ASSOCIATES

## DENTAL IMPLANT CENTER

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*Alan C. Haspel, D.M.D.*  
*Jordan M. Kaltman, D.M.D.*  
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*Cole G. Murbach, D.M.D., M.D.*

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STUART OFFICE      821 S.E. Ocean Blvd., Suite A, Stuart, FL 34994  
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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	O	N	M	L	K				
	T	S	R	Q	P																			

**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](http://WWW.JAWDOCS.ORG).**

