



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

### **PRE-OPERATIVE INFORMATION**

*(Please send one email per patient to  
bryce@fortnerdental.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. Fortner with any unanswered questions.
2. Email Dr. Fortner with confirmation of the appointment date and time.

### **DAY OF SURGERY**

*(To be completed prior to Dr. Fortner'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.