BELLAIRE FACIAL, ORAL & DENTAL IMPLANT SURGERY

Phillip T. Iero, MD, DDS, FACS

Appointment Information: This time is reserved specifically for you. If for any reason the appointment cannot be kept, kindly notify us two days in advance.

Date: ____________________

Patient's Name: ____

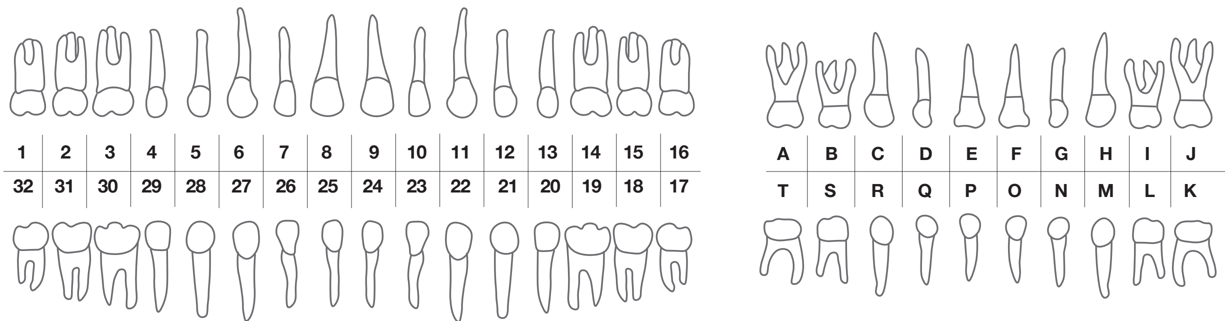
Home Phone: ________________________ Work Phone: ________________________

Referring Doctor: ____

Instructions to referred patients:

1. This appointment is for a consultation. If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.
2. Go to our website to fill out your paperwork (bellaireoralsurgery.com).
3. Bring a list of all medications you are currently taking, including dosage.

PLEASE MARK AREA TO BE TREATED



☐ Extraction
☐ Biopsy
☐ Expose & Bond
☐ Alveoloplasty
☐ Frenectomy
☐ Incision & Drainage
☐ Exposure
☐ Trauma
☐ Uprighting

CONSULTATION:

☐ Dental Implants
☐ Third Molar Removal
☐ Complete Arch Restoration (All-on-4®)
☐ Orthognathic Evaluation
☐ Sleep Apnea
☐ Cosmetic Facial Surgery

RADIOGRAPHS:

☐ Enclosed
☐ Given to Patient
☐ Please Take

COMMENTS:

6800 West Loop South, Suite 350, Bellaire, TX 77401
Phone: (713) 665-9200 **Fax:** (713) 665-9206

info@bellairefaces.com • www.bellaireoralsurgery.com