



# ST. PETE

## ORAL SURGERY INSTITUTE

**Matthew Lalli, DDS**  
ORAL AND MAXILLOFACIAL SURGEON

**Andrew Lalli, DDS**  
ORAL AND MAXILLOFACIAL SURGEON

7100 4th Street. N.  
St. Petersburg, FL 33702

P: 727.592.8881

Introducing \_\_\_\_\_

Date \_\_\_\_\_

Patient Phone \_\_\_\_\_

DOB \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Phone \_\_\_\_\_

|   |       |    |    |    |    |    |    |    |       |    |    |    |    |    |    |    |   |
|---|-------|----|----|----|----|----|----|----|-------|----|----|----|----|----|----|----|---|
|   |       |    | 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 |   |
| R | _____ |    |    |    |    |    |    |    | _____ |    |    |    |    |    |    |    | L |
|   | 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  |    |    |    |   |

- Wisdom Teeth Removal
- Implant Evaluation
- Sinus Augmentation
- Extraction
- Full Arch Implant Options
- Expose & Bond
- Socket / Bone Grafting
- Prosthetic Implant Complications
- Pathology / Biopsy

What Implant Company do you prefer?

- Straumann
- Other / Please Call To Discuss

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

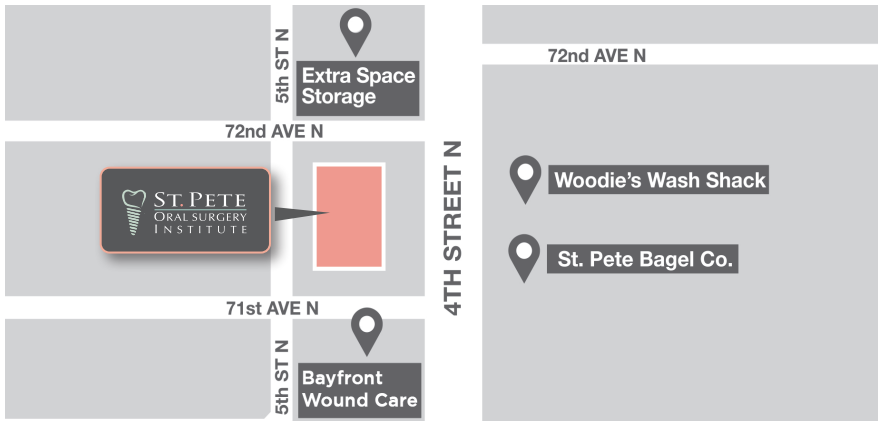
See back for patient instructions and map.

## FIRST VISIT INSTRUCTIONS

1. Please complete medical history forms online or please arrive 20 minutes prior to appointment to complete paperwork. Please bring current medication list.
2. Please take all medications prescribed by your physician.
3. Patients under the age of 18 are required to bring a legal guardian for consultation and surgery.
4. If you are feeling sick please contact the office to discuss options.
5. If x-rays were taken please let us know so we can help attain images prior to visit.
6. Please bring your photo ID along with dental insurance card.
7. Please call office at 727.592.8881 with any questions prior to appointment.

## SEDATION INSTRUCTIONS

1. DO NOT EAT OR DRINK anything 8 hours prior to procedure, unless instructed otherwise during consultation.
2. Patient must plan for a family member or friend to drive home after surgery.
3. Patients under 18 years old are required to have a legal guardian present before and after the procedure.
4. Please wear a loose fitting T-shirt with access to the elbow area.
5. Please take daily medications unless otherwise instructed by a doctor.



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7100 4th Street N.  
St. Petersburg, FL 33702  
P: 727.592.8881  
F: 727.592.8882  
info@stpeteosi.com  
www.stpeteosi.com