

**Western Pennsylvania  
Oral and Maxillofacial Surgery P.C.  
125 North Franklin Drive · Suite 4  
Washington, PA 15301**

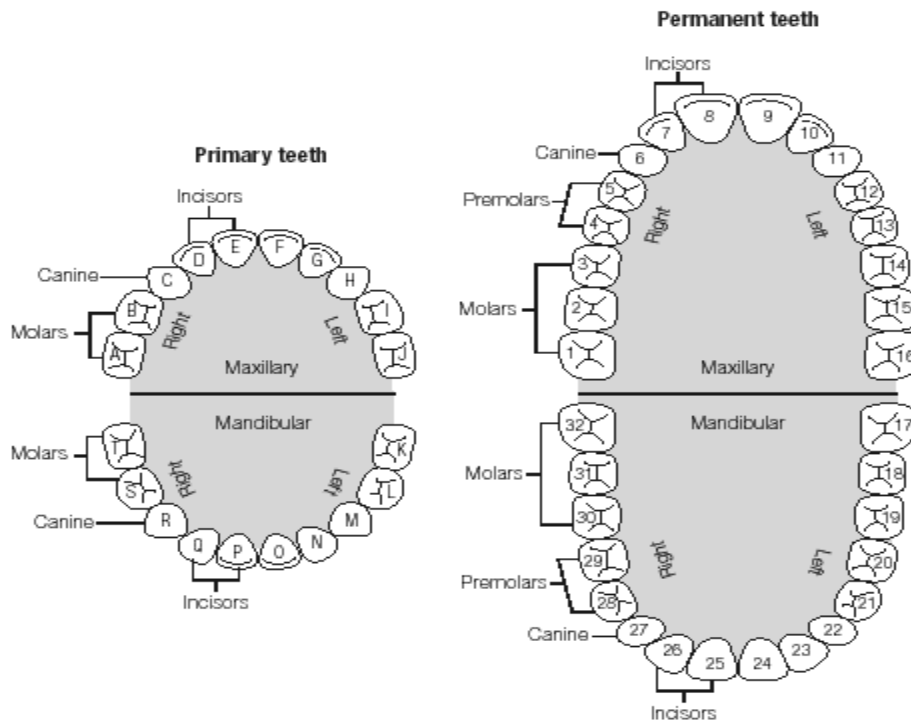
**Steven M. Krakora D.M.D., M.D.**  
*Diplomate American Board of Oral and Maxillofacial Surgery*

Patient Name: \_\_\_\_\_

Appointment: \_\_\_\_\_  
DATE AM PM

Referring Practice: \_\_\_\_\_

Please identify which tooth needs treatment:



Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Patients requiring general anesthesia are advised that no food or drink (including water) be taken for 6 hours prior to their appointment and that a responsible adult accompany them.*