



Justin W Labart, DDS, MD

6844 Silverheel Street Shawnee, KS 66226
 (913) 441-7868 Fax (913) 441-7869

Send x-rays and referrals to:
sosxrays@wakashaw.com

Name of Patient: _____ Date: _____

Referring Doctor: _____

Appointment Date & Time: _____

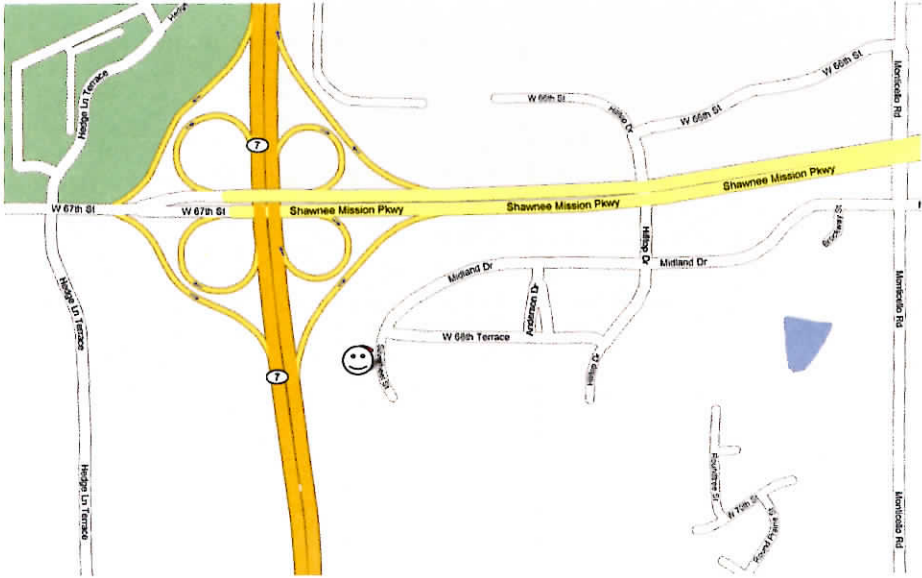
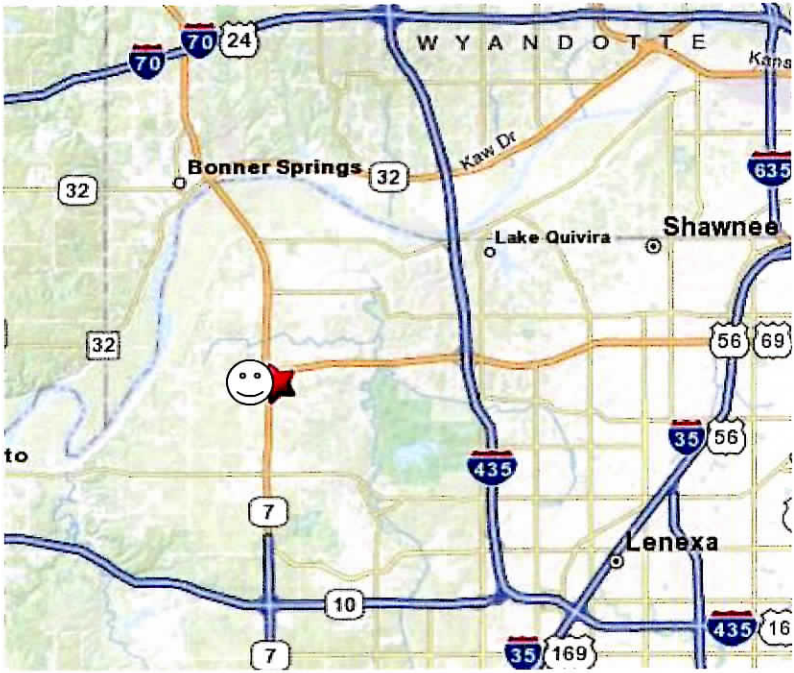
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				A	B	C	D	E	F	G	H	I	J			
				T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- ◊ Consultation for Removal of Wisdom Teeth
- ◊ Dental Extractions (Please Circle Teeth to be Extracted on Diagram)
- ◊ Implant Consultation: Planned Location _____
- ◊ Pathology Evaluation: Lesion Location _____
- ◊ Expose & Bonding for Orthodontics: Tooth # _____
- ◊ Orthognathic Surgery Evaluation (Corrective Jaw Surgery)
- ◊ Other: _____

IF YOU DESIRE IV ANESTHESIA FOR YOUR SURGICAL PROCEDURE:

All patients desiring IV anesthesia must have a consultation prior to surgery to assess your health and to better inform you of potential risks and complications associated with your surgical procedure. Patients undergoing IV anesthetic procedures should NOT EAT OR DRINK ANYTHING 6 HOURS prior to their scheduled procedure except a sip of water to take any daily medications or any pre-operative prescribed medications. A driver must accompany you to your surgical appointment.

(See MAP on other side)



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