



PASQUAL

ORAL & MAXILLOFACIAL SURGERY

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Today's Date _____

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Patient Name _____

Doctor _____

Appointment Date _____ Time _____

Remarks _____

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

1. The **initial visit**, with the exception of certain urgent cases or limited procedures, is for **consultation only**.
2. Patients under (18) years of age must be accompanied by a parent or legal guardian.
3. Please bring all pertinent medical information, including allergies, and a list of medications.
4. Payment is expected in full at the time of your visit.



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 DIPLOMATE, INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

