



John M. Sisto DDS
 Diplomate, American Board of Oral
 and Maxillofacial Surgery

Park Ridge Center

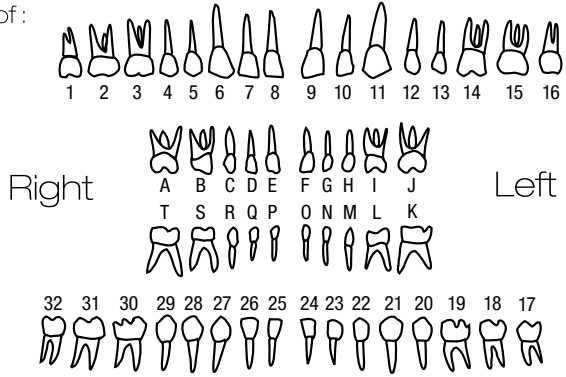
Oral, Maxillofacial and
 Dental Implant Surgery

Introducing _____

Referred by Dr. _____

Date _____

For removal of:



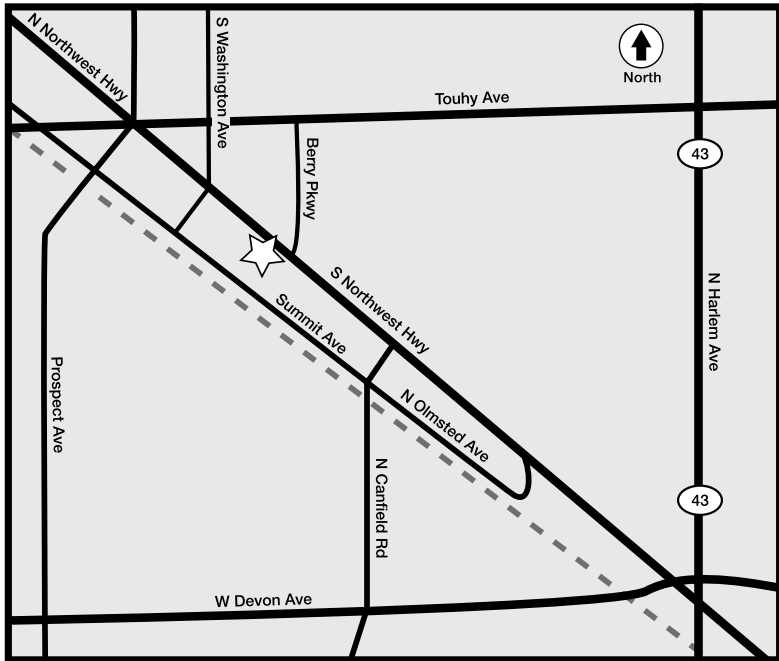
- Conebeam CT
- Apicoectomy
- Crown Lengthening
- Panorex X-Ray
- Orthognathic Evaluation
- Surgical Exposure
- Implant(s) Consult
- Preprosthetic Surgery
- Soft Tissue Graft
- TMJ Evaluation
- Biopsy
- Cyst/Tumor Jaws'

Comments _____

350 S. Northwest Hwy., Suite 118 • Park Ridge, IL 60068
 Tel 847.696.4848 • Fax 847.696.1609

Please see reverse side for map and patient instructions

OFFICE MAP



350 S. Northwest Hwy., Suite 118 • Park Ridge, IL 60068

Tel 847.696.4848 • Fax 847.696.1609

Building entrance and parking lot are located in rear of the building.

PATIENT INSTRUCTIONS

1. A consultation appointment is recommended for procedures other than routine extraction. Please call the office for scheduling.
2. Patients having general anesthesia or IV sedation may not eat or drink anything (8) hours prior to the appointment. You should be accompanied by a responsible adult.
3. Minors must be accompanied by parent or legal guardian.