



# Selznick Oral Surgery

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**MOST INSURANCES ACCEPTED INCLUDING MEDICAID**

PATIENT \_\_\_\_\_

**PLEASE PERFORM THE FOLLOWING SURGICAL PROCEDURES:  
EXTRACTION OF: (CIRCLE)**

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
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

- GENERAL ANESTHESIA (SLEEP)
- LOCAL ANESTHESIA (LIDOCAINE ONLY)
- CONSULTATION

## WISDOM TOOTH SPECIAL

# \$1699

ALL 4 WISDOM TEETH  
(FOR PATIENTS WITHOUT INSURANCE)

- \* EXAMINATION
- \* X-RAY (PANORAMIC)
- \* GENERAL (SLEEP) ANESTHESIA
- \* ANY TYPE OF IMPACTION

\*\*\* PATIENTS SCHEDULED FOR GENERAL ANESTHESIA OR SEDATION MAY NOT EAT OR DRINK FOR AT LEAST EIGHT (8) HOURS BEFORE SURGERY.  
 \*\*\* TAKE ALL REGULARLY PERSCRIBED MEDICATION ON THE SAME DAY OF SURGERY WITH SMALL AMOUNT OF WATER, UNLESS OTHERWISE INSTRUCTED.  
 \*\*\* PATIENT MUST BE ESCORTED THE DAY OF SURGERY\*\*\*

REFERRED BY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

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## ALWAYS

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WITHOUT  
INSURANCE

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**INCLUDES:**

- \* EXAMINATION
- \* X-RAY (PANORAMIC)
- \* GENERAL (SLEEP) ANESTHESIA
- \* ANY TYPE OF IMPACTION