



ORAL & FACIAL SURGERY OF MIAMI, LLC.

Johanny Caceres, DDS, FACOMS

DIPLOMATE OF THE AMERICAN BOARD OF ORAL & MAXILOFACIAL SURGERY

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Office Hours:
Mon. – Fri. 9 am/ 6 pm
Sat. Appointment only

Date: ____ / ____ / ____

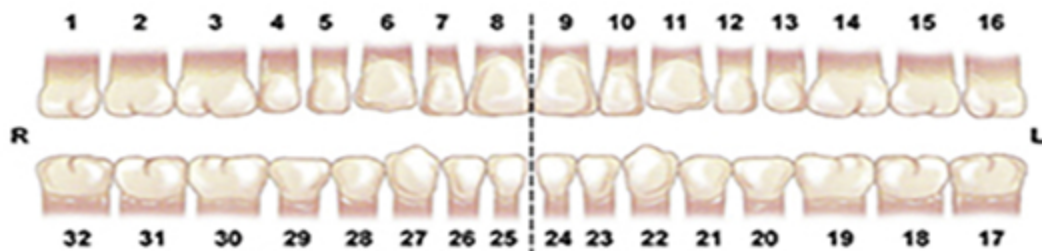
X-Rays Enclosed: YES NO

Patient's Name: _____ Phone: _____

From Dr. : _____ Dr. Phone: _____

PLEASE EVALUATE MY PATIENT FOR THE FOLLOWING:

- | | | |
|---|---|--|
| <input type="checkbox"/> ALVEOLOPLASTY | <input type="checkbox"/> FACE LIFT | <input type="checkbox"/> MAXILLOFACIAL TRAUMA |
| <input type="checkbox"/> BIOPSY | <input type="checkbox"/> FACIAL FILLERS (RESTYLENE, JUVEDERM) | <input type="checkbox"/> RIDGE AUGMENTATION |
| <input type="checkbox"/> BLEPHAROPLASTY | <input type="checkbox"/> FACIAL RECONSTRUCTION | <input type="checkbox"/> SALIVARY GLAND |
| <input type="checkbox"/> BONE GRAFTING | <input type="checkbox"/> FACIAL REJUVENATION (PRP) | <input type="checkbox"/> SCAR REVISION |
| <input type="checkbox"/> BOTOX | <input type="checkbox"/> FACIAL PAIN | <input type="checkbox"/> SINUS LIFT |
| <input type="checkbox"/> CLEFT LIP AND PALATE | <input type="checkbox"/> FRENECTOMY | <input type="checkbox"/> SLEEP APNEA |
| <input type="checkbox"/> CHIN IMPLANTS | <input type="checkbox"/> GENIOPLASTY | <input type="checkbox"/> SKIN SURGERY (MOLE, CANCER) |
| <input type="checkbox"/> CHEEK IMPLANTS | <input type="checkbox"/> ORAL PATHOLOGY | <input type="checkbox"/> TMJ DISORDERS |
| <input type="checkbox"/> DENTAL IMPLANTS | <input type="checkbox"/> OTOPLASTY | <input type="checkbox"/> TORI REMOVAL |
| <input type="checkbox"/> EXTRACTIONS | <input type="checkbox"/> ORTHOGNATHIC SURGERY | <input type="checkbox"/> VESTIBULOPLASTY |
| <input type="checkbox"/> UNCOVERING & BRACKETING
OF IMPACTED TEETH | <input type="checkbox"/> PERIAPICAL SURGERY | <input type="checkbox"/> WISDOM TEETH REMOVAL |
| | <input type="checkbox"/> RHINOPLASTY | <input type="checkbox"/> OTHERS |



Anesthesia Preference:

- LOCAL
 N₂O/O₂
 IV Sedation
 GENERAL

Patients desiring IV Sedation or General Anesthesia:

- 1- Nothing to eat/drink 6 hours prior surgery.
- 2- Patient must bring a driver who will wait in the office.
- 3- Loose fitting clothes, no contacts, cosmetics or nail polish.
- 4- Bring medicine list.

Remarks: _____



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