

**Thomas K. Frawley, D.D. S.**

Practice Limited to Oral and Maxillofacial Surgery

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Date: \_\_\_\_\_ Our patient, \_\_\_\_\_  
has been asked to contact your office for an appointment for the following:

Consultation

Preprosthetic Surgery

Extraction

Lesion Evaluation

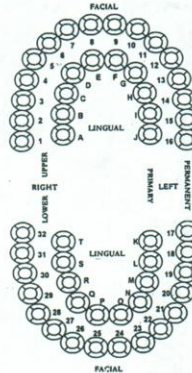
Surgical/Orthodontic

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_  
Office Number Referring Dentist



**Welcome**

1. The initial visit, with the exception of certain situations, is for consultation only. This enables us to fully evaluate your problem and tailor the care to your specific needs.
2. Bring all pertinent medical information and a list of all medications you are taking.
3. Any patient under 18 years old must be accompanied by a parent or legal guardian during any office visit.
4. Please inform the office two days in advance if you are unable to keep your appointment.