

**Dr. Shyam Sheth**

B.D.S, M.D.S. (OMFS), PGDRA

Oral, Maxillofacial & Hair Transplant Surgeon

**Ex fellow:**

ICLPF, SWITZERLAND

Orthognatic Surgery & Implantology, BELGIUM

Hair Transplant & Restoration, USA

REFFERAL FROM: \_\_\_\_\_

INTRODUCING: \_\_\_\_\_

**Please mark the appropriate box**

- |  |   |
|--|---|
| <input type="checkbox"/> IMPACTED TEETH          | <input type="checkbox"/> TMJ / FACIAL PAIN    |
| <input type="checkbox"/> EXTRACTION OF TEETH     | <input type="checkbox"/> DENTAL IMPLANT       |
| <input type="checkbox"/> PATHOLOGY / BIOPSY      | <input type="checkbox"/> ORAL /FACIAL TRAUMA  |
| <input type="checkbox"/> PRE PROSTHETIC SURGERY  | <input type="checkbox"/> CLEFT LIP/PALATE     |
| <input type="checkbox"/> ORTHOGNATHIC SURGERY    | <input type="checkbox"/> EXPOSURE OF TEETH    |
| <input type="checkbox"/> ORAL SUBMUCOUS FIBROSIS | <input type="checkbox"/> HAIR TRANSPLANTATION |

**ADULT DENTITION**

Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

**DECIDUOUS**

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**IMPORTANT INFORMATION TO PATIENTS SCHEDULED FOR APPOINTMENTS:**

Please bring and present this slip at the time of your appointment.

Those patients having INTRAVENOUS SEDATION should have nothing to eat or drink for 8 hours prior to the appointment and should have an accompanying person to drive them home.

**Note: Patients under the age of 18 needs to be accompanied by a parent or legal guardian.**

**ABOUT YOUR VISIT:**

Our office is committed to providing our patients with the highest levels of surgical care in a compassionate and proficient manner. We gladly welcome all questions regarding your care and treatment.



**A Unit of Medlife Healthcare Pvt. Ltd.**

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All our staff are trained to follow **UNIVERSAL PRECAUTIONS AND STRICT STERILE PROTOCOLS** with every patient treated at our surgical facility.

**Note:**