

# NORTHERN VIRGINIA SURGICAL ARTS

Oral and Maxillofacial Surgery  
Facial Cosmetic and Reconstructive Surgery

- 611 S. Carlin Springs Road, Suite 308, Arlington, VA 22204
- 7230 Heritage Village Plaza, Suite 101, Gainesville, VA 20155
- 9110 Railroad Drive, Suite 100, Manassas Park, VA 20111
- 361 Walker Drive, Suite 202, Warrenton, VA 20186
- 9001 Digges Rd, Suite 102, Manassas, VA 20110

## APPOINTMENT INFORMATION

You have been referred for specialized care to an oral and maxillofacial surgeon. We are committed to providing you with the highest quality of care possible. If by necessity, you must cancel your appointment, please notify us at least 24 hours in advance.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_

Patient name: \_\_\_\_\_

Referred by: \_\_\_\_\_

Referral for: (Please indicate below)

- |  |   |
|--|---|
| <input type="checkbox"/> Consult: _____        | <input type="checkbox"/> Wisdom Teeth         |
| <input type="checkbox"/> Extraction for: _____ | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> Implant: _____        | <input type="checkbox"/> TMJ Evaluation       |
| <input type="checkbox"/> Lesion/Biopsy: _____  | <input type="checkbox"/> Bone Grafting        |
| <input type="checkbox"/> Expose/Bracket: _____ | <input type="checkbox"/> Frenectomy           |
| <input type="checkbox"/> Apicoectomy: _____    | <input type="checkbox"/> Alveoloplasty        |
| <input type="checkbox"/> Infection: _____      | <input type="checkbox"/> Facial Cosmetic      |

## WELCOME TO OUR ORAL & MAXILLOFACIAL SURGERY OFFICE

At the time of your appointment, please remember the following:

- Unmarried patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult.
- Please bring a list of all medications you are currently taking.
- Please bring your referral slip and any X-rays, if applicable.
- Please bring both your dental and medical insurance cards on the day of your appointment.

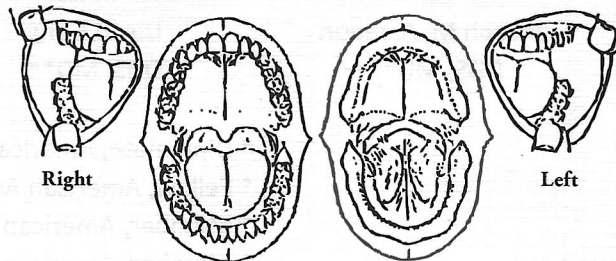
Phone: (703) 379-2700  
contact@novasurgicalarts.com

Joseph M. Arzadon, DDS, MD\*  
David Liang, DDS, MD\*  
Kenneth A. Blais, DMD, MD\*  
Ryan M. Peters, DMD\*

\*Diplomates, American Board of Oral & Maxillofacial Surgery  
\*Fellows, American Association of Oral & Maxillofacial Surgeons  
\*Fellow, American Academy of Cosmetic Surgery

			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
			Right							Left						
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17
			T	S	R	Q	P		O	N	M	L	K			

## SOFT TISSUE CHART



COMMENTS: \_\_\_\_\_  
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Please Register online at [www.novasurgicalarts.com](http://www.novasurgicalarts.com)

## GENERAL ANESTHESIA OR IV SEDATION REQUIREMENTS:

- Nothing to eat or drink 6 hours prior to surgery, including water.
- If you have to take any medication, take it with a sip of water.
- Wear comfortable clothing with sleeves which are easy to push up.
- Have a responsible person to drive you home.



Joseph M. Arzadon  
DDS, MD\*^+



David Liang  
DDS, MD\*^



Kenneth Blais  
DMD, MD\*^



Ryan Peters  
DMD\*

- \* Diplomate, American Board of Oral & Maxillofacial Surgery
- \* Fellow, American Association of Oral & Maxillofacial Surgeons
- \* Member, American Dental Association
- ^ Member, American Medical Association
- + Fellow, American Academy of Cosmetic Surgery

For a complete description of their bio and to register online, please scan the code below:

