



ORAL & MAXILLOFACIAL SURGERY

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BOARD CERTIFIED

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Date _____

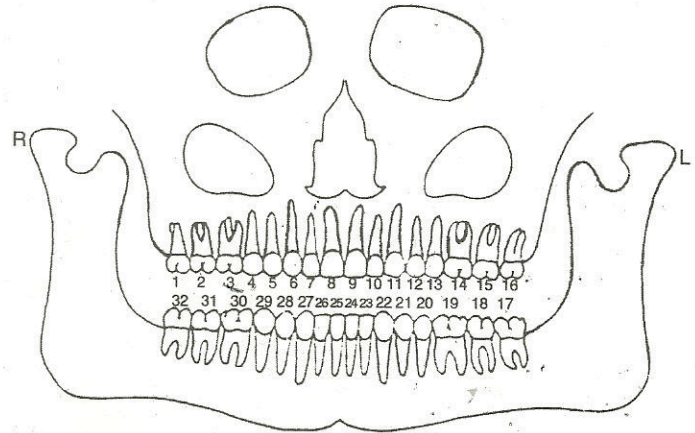
Introducing _____

Referred By _____

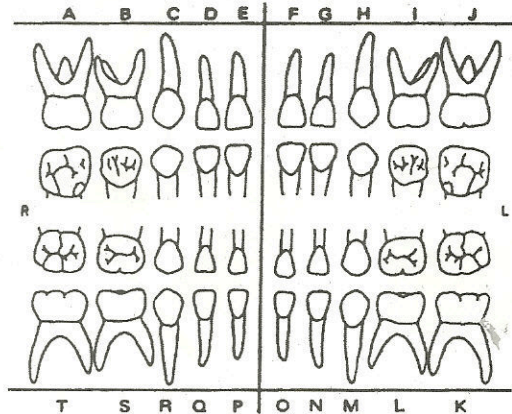
Appointment _____

Specifics of Care _____

NOTE: In order to render better professional care to each patient it is recommended that those requiring general anesthesia or IV sedation be seen prior to an anticipated procedure for assessment of both their surgical needs and their general medical status. At this time the procedure and anesthetic best suited for the individual will be determined. If a prior consultation is not possible, the patient should not eat or drink anything after midnight the night before their office visit.



PERMANENT DENTITION



DECIDUOUS DENTITION