



Midwest Oral Surgery & Dental Implants

TODAY'S DATE: _____

14625 California Street
Omaha, NE 68154
(402) 397-7777
Fax (402) 390-9336
www.midwestoms.com

Jerry M. Wees, D.D.S.
John P. Wewel, D.D.S., M.D.
Benjamin J. Anderson, D.D.S., M.D.
Jason R. May, D.D.S.

Please bring this form to your appointment.

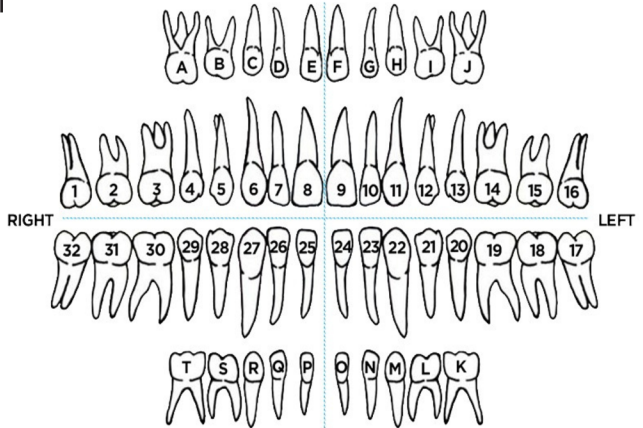
PATIENT'S NAME: _____ D.O.B: _____

PATIENT'S PHONE #/EMAIL: _____

REFERRING DOCTOR: _____

REFERRING OFFICE #: _____

- Wisdom Tooth Removal
Tooth # _____
- Extraction
Tooth # _____
- Exposure
Tooth # _____
- Dental Implants
Tooth # _____
- Orthognathic Surgery
- Other (please list):

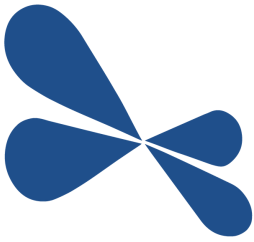


Comments: _____

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<https://omfs.cc/NEforms>
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camera to scan the QR code
to the right to Pre-Register
on our website.



WWW.MIDWESTOMS.COM



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Before your appointment:

1. We will see you for an evaluation prior to scheduling your oral surgical procedure.
2. All Minors under the age of 19 years **MUST** be accompanied by a parent or legal guardian.
3. Please bring any pertinent x-rays and records for evaluation and comparison.
4. Please bring a list of all current medications.
5. Please bring a list of any drug or medical allergies.
6. Call if you have any questions before your appointment.
7. ***In the event you are not able to keep a scheduled appointment, please provide at least 48 hours notice.***



@MidwestOMSNE