

PLATEAU ORAL & FACIAL SURGERY

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Phone: (931) 525-6059 • Fax: (931) 525-6099

☐ 1700 West Avenue, Suite 102
Crossville, Tennessee 38555

☐ 765 E. Veterans Drive
Cookeville, Tennessee 38501

☐ 1432 Sparta Street
McMinnville, Tennessee 37110

Cortland S. Caldemeyer, D.D.S.

Diplomate American Board of Oral & Maxillofacial Surgery
Diplomate National Dental Board of Anesthesiology

Elizabeth Caldemeyer, L.M.T.

TMD/TMJ Massage Therapy

APPOINTMENT INFORMATION

If by necessity, you must cancel your appointment, please notify us at least one day in advance.

Introducing: _____

Referred by: _____ Date: _____

Phone: _____

☐ An appt. has been made for you: Date: _____ Time: _____

☐ Please call the office at (931) 525-6059 for an appointment:

WELCOME TO OUR OFFICE

Our office is committed to providing you with the highest quality care possible. To help us in scheduling your appointment, please remember the following:

1. The initial visit is for consultation only. This allows us to fully evaluate your problems and tailor the care to your specific needs.
2. Unmarried patients under the age of eighteen (18) years of age must be accompanied by a parent or legal guardian either on day of consultation or on the day of procedure.
3. Please bring all pertinent medical information and a list of all medications you are currently taking, plus any information on allergies you have.
4. If you are having same day general anesthesia or IV sedation, please remember to not eat or drink anything 8 hours prior to the appointment and to be accompanied by an escort.
5. Please bring both your medical and dental insurance information on the day of your appointment.

FOR DIRECTIONS TO OUR OFFICE PLEASE SEE REVERSE

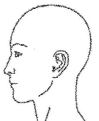
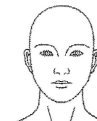
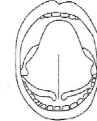
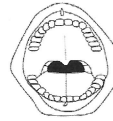
PLEASE MARK TEETH TO BE TREATED

UPPER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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X-Rays: ☐ Being Mailed ☐ E-mailed ☐ Given to Patient ☐ Please Take

CONSULTATION/PROCEDURES: (Check preferred and indicate below)

- | | | |
|--|---|--|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Incision & Drainage | <input type="checkbox"/> Facial Trauma |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Pre Prosthetic Surgery | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Orthognathic |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Crown Lengthening |
- ☐ TMD/TMJ Massage Therapy, **Elizabeth Caldemeyer, L.M.T.**

Remarks: _____

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