

**Michael Billingsley, D.D.S**  
**1295 Russell Parkway**  
**Warner Robins, Georgia 31088**  
**478-929-2190**

Name of Patient \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

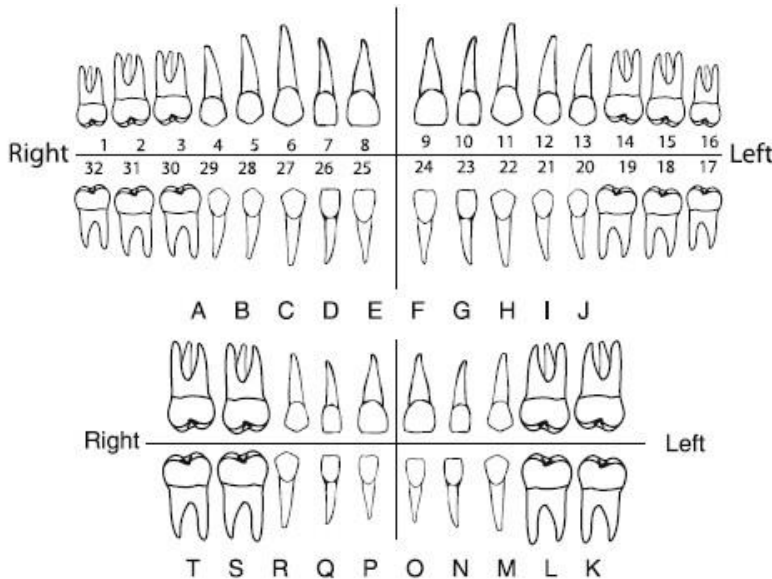
Date of appointment: \_\_\_\_\_ Time: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate teeth for removal:



**INSTRUCTIONS FOR GENERAL ANESTHESIA PATIENTS**

- Nothing to eat or drink for 6 hours prior to surgery
- Bring someone to stay in the office while your surgery is being done and take you home after.
  - Patients under the age of 18 must be accompanied by a parent or legal guardian.
    - Patients are advised to wear loose fitting sleeves.
  - Please bring this referral sheet and any x-rays with you to our office