



# OROFACIAL & DENTAL IMPLANT SURGERY

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Diplomate, American Board of Oral & Maxillofacial Pathology

Dear \_\_\_\_\_,

*Thank you for entrusting our practice with the opportunity to assist in your healthcare needs.*

**Your initial consultation with Dr. Arthur W. Moore III is scheduled on**

\_\_\_\_\_, \_\_\_\_\_ @ \_\_\_\_\_ AM/PM in our office, located at:

□ 605 Oak Commons Blvd, Kissimmee, FL 34741 □ 7352 Stonerock Circle Suite, A, Orlando, FL 32819

There are several things you need to know prior to your appointment:

- Your appointment is scheduled for approximately sixty (60) minutes. **Please arrive five (5) minutes prior to the designated appointment time so that the time with your doctor is maximized.** You are asked to provide the following at your initial consultation:
  1. A referral form from your referring dentist or physician (*if needed*)
  2. **A list of all prescription and non-prescription medications including vitamins, minerals and other supplements that you are currently taking;**
  3. Any diagnostic records, **laboratory studies** (blood, urine, stool, etc.), any polysomnography report (sleep study), and/or advanced imaging (MRI, CT, etc.) reports you may have had undertaken during the six (6) months prior to your initial consultation with Dr. Moore
  4. Any removable oral/dental appliances, including dentures, partial dentures, and occlusal splints (bite guards)
- Your initial consultation will include a thorough examination, a discussion of findings, recommendations and a written report of the findings will be provided to your referring dentist or physician. Any additional management needs – diagnostic, non-surgical, and/or surgical – will be discussed with you at your appointment.
- Dr. Moore's scope of practice is covered by your **medical** insurance policy, so please make sure to bring your medical insurance information. If we are preferred providers with your insurance plan, then we will accept insurance payment; however, you will be responsible for any difference – between the allotted insurance payment and that which your insurance carrier does not cover – at the time of your visit.
- Please complete your patient registration as soon as possible. Thus, if there is a last-minute cancellation your paperwork will already be completed.
  - Please click the link to complete your patient registration  
<https://www.ofdis.com/patient-information/patient-registration/>
- **Patients who fail to show for their scheduled appointment or did not notify the office prior to 1-week (7-days) of their scheduled appointment time shall be subject to the “No Show/Cancellation” fee of \$50.** Patients may reschedule their appointment one time (*as long as it is outside of the 7-day window*), but thereafter, any further rescheduling efforts will result in loss of refund and no further appointment access with Dr. Moore. *Please review our Cancellation Policy for further details.*

**Should you have any questions or concerns, or you need to change your appointment date/time, please contact our TMJ Department directly at the (407) 343-9875.**

Sincerely,  
TMJ Department