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MAXILLOFACIAL AND ORAL SURGERY, P.A.

University of Minnesota, Division of Oral and Maxillofacial Surgery

SURGERY ■ RESEARCH ■ EDUCATION

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Welcome to Maxillofacial and Oral Surgery, P.A.

In order to better serve you, we have created this packet of important information.
Please read carefully and follow all instructions.

Your appointment is scheduled for _____

Please arrive no later than _____ to complete the check-in and registration process.
Failure to arrive on time could result in the doctor being unable to see you.

Complete and sign the enclosed forms and bring them to your scheduled appointment. You will not be seen by the doctor unless this information is completed and turned in to the office. The forms to complete are:

1. *Registration Information* form. Please remember to complete the entire insurance section and bring all medical and dental insurance cards to the appointment.
2. *Important Authorizations* form.
3. *Financial Agreement* for Maxillofacial and Oral Surgery, P.A.
4. If you are new to the School of Dentistry, you will also need to complete their *Registration* form and their green *Health History* form.
5. The *Records Release*, if you have any relevant records from previous health care providers outside the University. **You need to complete this form and give it to your previous providers in advance of your appointment with us.** (We have access to records from the U of M Medical Center and School of Dentistry.) The more information we can have to review at the time of your consultation, the better we will be able to help you.
6. Please bring the names, addresses, and phone numbers of your referring doctor, primary medical doctor, and dentist, and any other relevant healthcare providers. **This will facilitate communication to provide you with the best possible care.**

If your insurance plan requires a referral from your Primary Care Provider, it is your responsibility to contact your clinic to arrange for such referral. Please note that the referral needs to be made out to Maxillofacial and Oral Surgery, P.A., or to your particular surgeon, not to “the University of Minnesota.” Please call our clinic coordinator or business office if you or your primary clinic have any questions about this.

If you have questions regarding your responsibilities to pay for your services, please call our business office representative at (651) 842-3363.

Please see the enclosed map and parking instructions. Please note—you *must park in the Washington Avenue Ramp to qualify for a reduced fee.* We cannot validate tickets for any other ramp.

Thank you for choosing Maxillofacial and Oral Surgery, P.A. We look forward to seeing you.

Sincerely,
*The Doctors and Staff of
Maxillofacial and Oral Surgery, P.A.*