

**Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240**

www.saspine.com

Tel# 210-487-7463

Joel B. Nilsson, M.D., P.A.

Dental Consultation

Our patient is scheduled for elective Total Hip/Knee (circle one) surgery on _____ (Date). Please evaluate present dental hygiene status and the need for dental surgery/treatment. Would prefer no dental work for 6-12 months postop. Please attach a copy of your recommendations or Fax to 210-487-7468. For any questions please call the clinic at 210-487-7463. Thank you.

Joel B. Nilsson, MD,PA
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