

Emergency Contact Information

Dear [Patient's Name],

We hope your oral surgery went smoothly. In case of any emergencies or if you have questions regarding your recovery, please do not hesitate to reach out to us.

Emergency Contact Information

- **Surgeon's Office:** [Surgeon's Name] - [Phone Number]
- **After Hours Contact:** [After Hours Contact Name] - [After Hours Phone Number]
- **Emergency Room:** [Local Hospital Name] - [Hospital Phone Number]
- **Family/Friend Contact:** [Name] - [Phone Number]

Please keep this information handy and do not hesitate to contact us if you have any concerns or symptoms that worry you.

Wishing you a smooth and speedy recovery!

Sincerely,
[Your Practice Name]
[Contact Information]