

INTRODUCING: _____

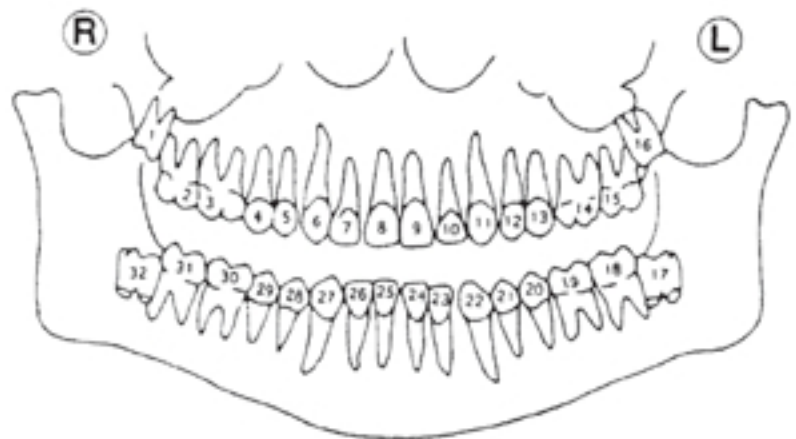
REFERRAL COURTESY OF: _____

DATE: / / BIRTHDATE: / / SEX: M F HOME PHONE: _____

Oral Surgery Procedures to be performed

- Extraction, Teeth # _____
- Alveoloplasty
- Apicoectomy
- Biopsy
- Expose, Bond
- Frenectomy
- Incision, drainage
- Trauma
- Other: _____

PLEASE "X" TEETH / AREA TO BE TREATED



Consultation for Reconstructive Surgery

- Dental Implant
- Bone Graft
- Facial Trauma
- Orthognathic Evaluation
- Other: _____



Radiographs

- Enclosed
- Given to Patient
- Please Make



DOCTORS COMMENTS:

MAP ON REVERSE SIDE

WHITE COPY TO SAN TAN ORAL SURGERY • YELLOW COPY TO REFERRING OFFICE