



SPECIALIST IN ORAL & MAXILLOFACIAL SURGERY

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This is to introduce _____

Today's date: _____ Date of birth: _____

- Evaluate, treat and report back findings and recommendations
- Orthognathic surgery consultation
- Dental implant consultation
- Extract teeth #'s (circle below):

A B C D E								F G H I J							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT-----								-----LEFT							
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
T S R Q P								O N M L K							

- Radiographs emailed
- The patient will contact your office for an appointment
- Contact the patient as soon as possible: Ph: _____
- Contact me before treatment is rendered: Ph: _____

Ref. Doctor's signature: _____ **Date:** _____

We at Oral Surgery of Springfield appreciate the opportunity to assist in the care of your patient. Please remind your patient that payment is due at the time of service, and that they should bring their insurance card/information to each appointment. Thank you!