



SPECIALIST IN ORAL & MAXILLOFACIAL SURGERY

Frank A. Cornella DDS, MD



Fellow of the American Association
of Oral & Maxillofacial Surgeons



Diplomate of the American Board
of Oral & Maxillofacial Surgeons

3237 E. SUNSHINE ST., STE. B

SPRINGFIELD, MO 65804

T: 417.881.4546 F: 417.883.0443

www.oralurgeryofspringfield.com

Email: oss@oralurgeryofspringfield.com

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 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!