



PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

The above patient has been referred to your office for the following:

- Extractions                       Implant Consultation  
 Surgical Exposures            Orthognathic Consultation  
 Lesion Evaluation

			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
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			

Please list other procedures which need to be accomplished or pertinent information on this patient:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERRING DR. \_\_\_\_\_

PHONE: \_\_\_\_\_

X-RAYS MAILED / EMAILED / BROUGHT BY PATIENT:  PANOREX  PA  OTHER

Patient Instructions:

- 1) Minors must be accompanied by parent or legal guardian.
- 2) Certain cases require an appointment for consultation prior to surgery.
- 3) Please give at least 24 hours notice of appointment cancellation.
- 4) If possible, please pre-register by completing our new patient paperwork on our website:

**www.oralurgeryofwny.com**

- 5) Please bring this referral form at the time of your visit.
- 6) Please bring a current list of medications, insurance cards, and a photo ID.