



**PATIENT REFERRAL FORM**

Appointment information: This time is reserved specifically for you: if by necessity, you must change your appointment, please notify us at least one day in advance.

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ PH# \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_ PH#: \_\_\_\_\_

**Radiographs:**

Being Mailed     Given to Patient     Please Take Films     No X-ray Available

**Items of Concern:**

Extractions     Alveoplasty     Biopsy     Frenectomy     Lesion Evaluation     Hard Tissue  
 Soft Tissue     Other

**Consultation Requested Regarding:**

Extractions     Implants

**Give us information regarding your plans for patient:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please circle teeth to be extracted***

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

**Deciduous**

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

**FIRST APPOINTMENT:** This will be for examination / consultation. In most instances the patient is seen first for examination, review of the health history, and to decide the most appropriate anesthesia. Any surgery necessary will be scheduled at a separate appointment.

**FOR THOSE PATIENTS SCHEDULED FOR ANESTHESIA:**

1. Patient must have NO FOOD or DRINK (including no water) for at least 6 hours prior to surgery unless otherwise instructed by their surgeon.
2. A responsible adult must accompany you and remain in our office during your treatment. They must be able to drive you home. The patient must not drive an automobile the day of the procedure.
3. Any unmarried patient under the age of 18 years must be accompanied by a parent or guardian at the time of the examination.