



3585 Wendleton Lane
 Beavercreek, Ohio 45432
 Phone (937) 426-8083
 Fax (937) 426-2818

Introducing: _____

Home Phone: _____ Work/Cell Phone: _____

Reason for Referral:

- Infection—hard/soft tissue
- Orthognathic Consult
- Biopsy—hard/soft tissue
- TMJ Consult
- Trauma—soft tissue/facial bones
- Implants
- Preprosthetic Surgery—soft/hard tissue (ridge recontouring, ridge augmentation, vestibuloplasty with skin graft)
- Extractions—please mark appropriate teeth:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A B C D E F G H I J
Right	Left Primary Teeth
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

Comments:

- X-rays have been sent
- X-rays are with the patient
- Appointment has been scheduled
- Patient will call to schedule

Appointment: _____

Referring Doctor: _____

Date: _____

Please fill out and print, mark extractions if applicable, then mail or fax. Thank you.