AREA ORAL & MAXILLOFACIAL Surgery

info@areaos.com www.areaos.com

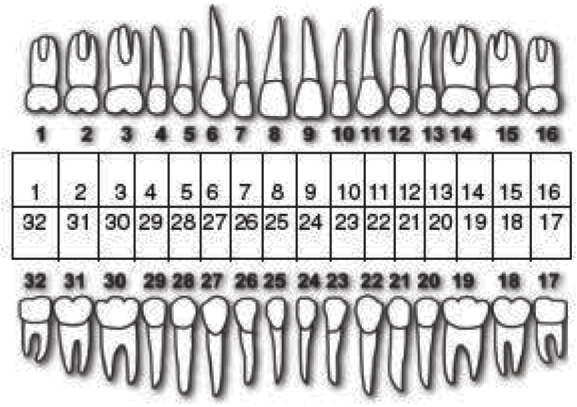
301 S. Roosevelt Drive
Beaver Dam, WI 53916
(920)356-9711 • Fax (920)356 -9733

1149 Boughton Street, Bldg B
Watertown, WI 53094
(920)261-0495 • Fax (920)261-3632

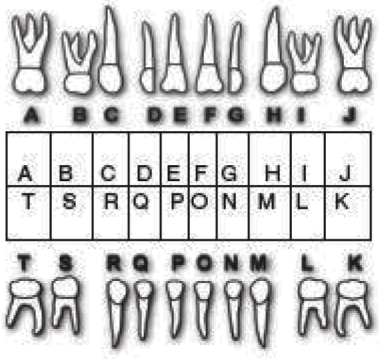
ORAL AND MAXILLOFACIAL SURGERY REFERRAL FORM

Date of referral: _____ Referred by: _____
Office phone/email/fax: _____
Patient name/parent (for minors): _____ DOB: _____
Patient phone: _____ Alternative phone: _____

___ Consultation
___ Extractions
___ Dental Implants
___ Bone Grafting
___ Gingival Graft
___ Tori Removal/Aveoloplasty
(Pre-prosthetic Surgery)
___ Oral Pathology/Biopsy
___ TMJ Evaluation
___ Surgical Exposure
___ Soft Tissue Augmentation
___ Other: _____



Radiographs:
___ Attached to this referral
___ Will send by email (info@areaos.com)
___ Will send by US mail
___ None available



Medical History:
___ Negative
___ Significant:
___ Special needs:

IV Sedation Requested:
___ Yes
___ No

**Indicate facial injury, swelling, or other findings