



Patient's Name: .....

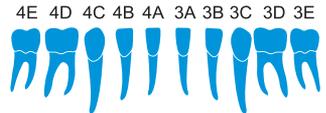
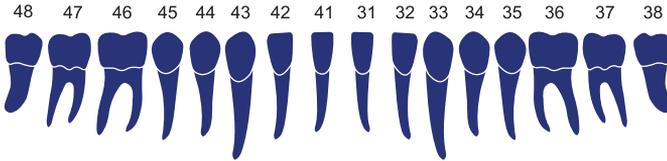
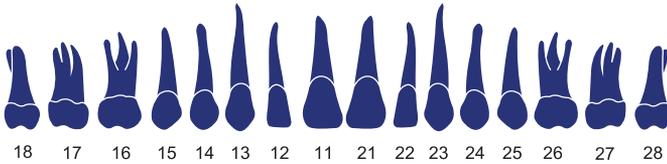
Doctor's Name: .....

Date: .....

X-rays Mailed

Copies Given To Patient

Please Take New X-rays



Extraction / Wisdom Teeth

Infection

Implant

Cyst / Tumor / Cancer

Bone Grafting

Biopsy

Exposure of Unerupted Tooth

TMJ Disorder

Obstructive Sleep Apnea

Orthognathic Surgery

Esthetic Facial Surgery

Oral / Facial Trauma

Other

Patient's Name: .....

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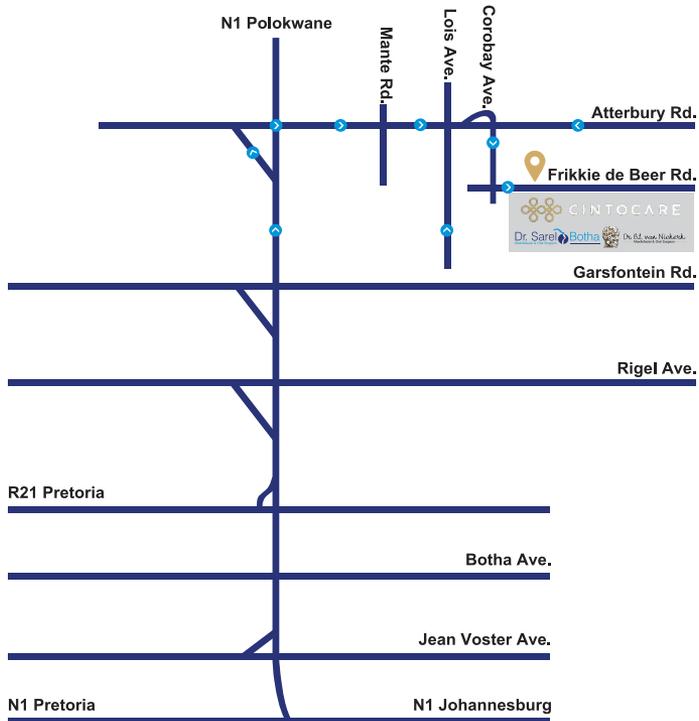
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Signature of Referring Doctor: .....





Appointment Date: ..... Time: .....

## Patients Instructions

- The day of your appointment please bring:
  1. This referral slip
  2. Current x-rays (if available)
  3. Medical aid cards
  4. List of current medications
- If you are taking blood thinners or have had heart surgery, heart valve replacement, or joint replacement surgery, please contact the office for special instructions.
- Minors must be accompanied by a parent or legal guardian.
- If you are unable to keep your appointment for any reason, please notify the office promptly, so another patient may take your place.
- Payments can be made by cash, credit card or EFT.