

Patient Name: _____ Phone No: _____

Reason for Referral

- | | | |
|--|---|---|
| <input type="radio"/> Extraction(s) | <input type="radio"/> Implant (s) | <input type="radio"/> Periodontal Eval & Treat Augmentation |
| <input type="radio"/> Impacted Teeth Crown | <input type="radio"/> Crown Lengthening | <input type="radio"/> _____ Bone _____ Soft Tissue |
| <input type="radio"/> Pathology | <input type="radio"/> Full Arch | <input type="radio"/> Restoration _____ Max _____ Man |

- | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8 | <input type="radio"/> 9 | <input type="radio"/> 10 | <input type="radio"/> 11 | <input type="radio"/> 12 | <input type="radio"/> 13 | <input type="radio"/> 14 | <input type="radio"/> 15 | <input type="radio"/> 16 |
| | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> H | <input type="radio"/> I | <input type="radio"/> J | | | | | |
| _____ | | | | | | | | | | | | | | | |
| | <input type="radio"/> T | <input type="radio"/> S | <input type="radio"/> R | <input type="radio"/> Q | <input type="radio"/> P | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> M | <input type="radio"/> L | <input type="radio"/> K | | | | | |
| <input type="radio"/> 32 | <input type="radio"/> 31 | <input type="radio"/> 30 | <input type="radio"/> 29 | <input type="radio"/> 28 | <input type="radio"/> 27 | <input type="radio"/> 26 | <input type="radio"/> 25 | <input type="radio"/> 24 | <input type="radio"/> 23 | <input type="radio"/> 22 | <input type="radio"/> 21 | <input type="radio"/> 20 | <input type="radio"/> 19 | <input type="radio"/> 18 | <input type="radio"/> 17 |

Radiographs

- Please Take With Patient Emailed

I would like my patient to be seen by Doctor:

- | | |
|---|---|
| <input type="radio"/> Vanessa Watts, DMD
Board Certified Oral & Maxillofacial Surgeon | <input type="radio"/> Sausha Toghranegar, DMD MS
Board Certified Periodontist |
|---|---|

I would like my patient to be seen by the first available Doctor

Referring Doctor's Name: _____

Referring Doctor's Phone: _____

Today's Date: _____

If you would like to have the consultation and surgery performed on the same day, please let our team members know so we can further discuss this option.

Instructions for your first visit:

- Please bring this referral slip, all x-rays, and any important medical information, including a list of all the medications you are taking.
- Please inform our team if you have any serious medical conditions that may affect your surgery.
- In order to expedite the new patient process, we encourage you to fill out all necessary paperwork online prior to your appointment
- Please bring both dental and medical insurance cards with you.
- Patients under the age of 18 years old must be accompanied by a parent or legal guardian.

Instructions for General Anesthesia:

- In most cases, a consultation appointment will be required prior to your surgery so we can better understand your medical history.
- If you do not have any pertinent medical problems, please let one of our team members know you would like to have the surgery performed the same day, and we will review your eligibility.
- If you are going to sleep: nothing to eat or drink (including water) for 6 hours prior to surgery
- You must have an escort with you at all times that is capable of driving you home. You will not be able to drive after surgery.
- Patients under the age of 18 years old must be accompanied by a parent or legal guardian.

