



Practice Limited to Oral and Maxillofacial Surgery

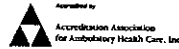
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and Associates, P.C.



www.summitfacial.com

Patient's Name: _____

Referred By: _____
(Please Print First and Last Name)

Referral Address _____
(Multi-Location Practices Only)

Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Consultant & Evaluation Only | <input type="checkbox"/> Facial Cosmetic Surgery |
| <input type="checkbox"/> Implant Surgery | <input type="checkbox"/> Preprosthetic Surgery |
| <input type="checkbox"/> Lesion and Tumor Management | <input type="checkbox"/> Salivary Gland Evaluation |
| <input type="checkbox"/> TMJ Evaluation / Surgery | <input type="checkbox"/> General Anesthesia / I.V. Sedation |
| <input type="checkbox"/> Reconstructive Surgery | <input type="checkbox"/> Panorex |
| <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Facial Fractures & Lacerations |
| <input type="checkbox"/> Extractions: | |

	UPPER																
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	LOWER																

Deciduous Teeth

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

COMMENTS:

Patients desiring general anesthesia should not eat or drink for 6 hrs. prior to appointment time and be accompanied by an adult.

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