



Practice Limited to Oral and Maxillofacial Surgery  
**Gregory Thomas, DDS, MS††**  
**John Hackenberger, DDS\***  
**Michael Kraemer, DMD, MD\***  
**Russell Sclafani, DDS, MD\***  
**Arshi Lehal, DDS, MD\***  
**Claude LeRose, DDS, MD**  
**and Associates, PC**



[www.summitfacial.com](http://www.summitfacial.com)

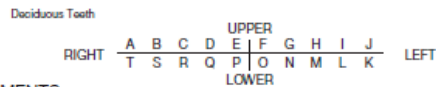
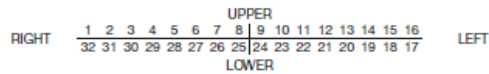
Patient's Name: \_\_\_\_\_

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:                 |   |



COMMENTS:

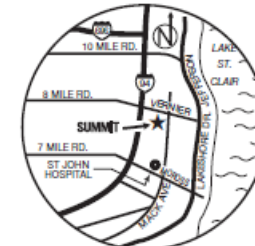
**This referral and any x-rays MUST be brought with you to your appointment.**

Patients desiring IV sedation should not eat or drink for 6 hours prior to appointment time and be accompanied by an adult.

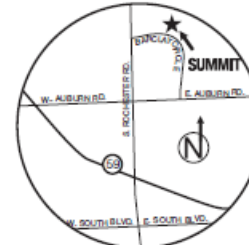
\*Diplomate of the American Board of Oral and Maxillofacial Surgery  
 †Fellow of the American Academy of Cosmetic Surgery



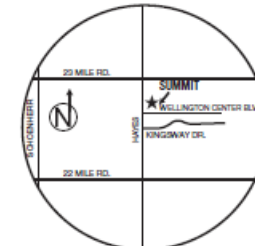
**WARREN/STERLING HEIGHTS**  
 29427 Ryan Road  
 Warren, MI 48092  
**(586) 755-9340 • Fax (586) 755-1081**



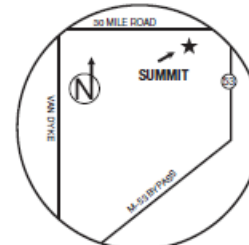
**GROSSE POINTE/DETROIT**  
 20675 Mack Ave.  
 Grosse Pointe Woods, MI 48236  
**(313) 885-8344 • Fax (313) 885-1819**



**ROCHESTER/TROY**  
 305 Barclay Circle • Suite 1000  
 Rochester Hills, MI 48307  
**(248) 293-5500 • Fax (248) 293-5505**



**MACOMB/CLINTON TOWNSHIP**  
 15286 Wellington Center Blvd.  
 Macomb, MI 48044  
**(586) 286-1600 • Fax (586) 286-8963**



**ROMEO/WASHINGTON**  
 12150 30 Mile Rd. • Suite 202  
 Washington, MI 48095  
**(586) 752-9691 • Fax (586) 752-6199**

visit our website for additional directions  
[www.summitfacial.com](http://www.summitfacial.com)