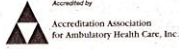




Practice Limited to Oral and Maxillofacial Surgery
Gregory Thomas, DDS, MS*†
John Hackenberger, DDS*
Michael Kraemer, DMD, MD*
Russell Sclafani, DDS, MD*
Jeffrey Osguthorpe, DDS, MD*
Shyam Prasad, BDS, MDS
Arshi Lehal, DDS, MD
and Associates, PC



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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																

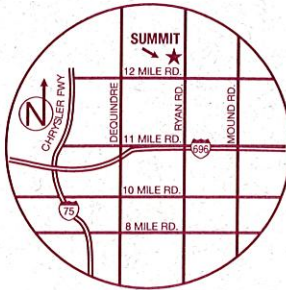
	UPPER										
RIGHT	A	B	C	D	E	F	G	H	I	J	LEFT
	T	S	R	Q	P	O	N	M	L	K	
	LOWER										

COMMENTS:

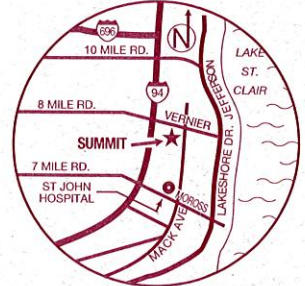
This referral and any x-rays MUST be brought with you to your appointment.

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

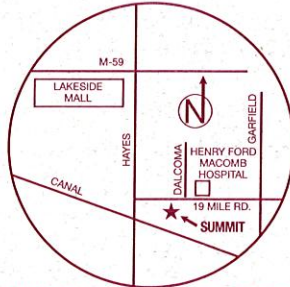
*Diplomate of the American Board of Oral and Maxillofacial Surgery
 †Fellow of the American Academy of Cosmetic Surgery



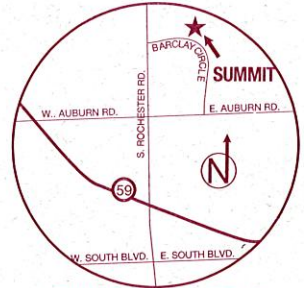
WARREN AREA OFFICE
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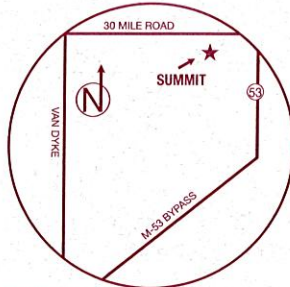
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