

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**

[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: \_\_\_\_\_

This voucher is valid for one  
**Complimentary Implant Consultation**  
 which includes an examination and panoramic radiograph.  
 (only valid for implants)

	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

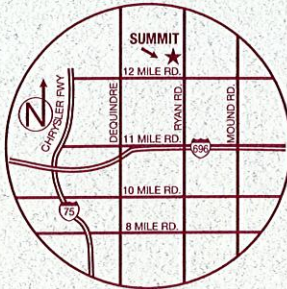
	UPPER										
RIGHT	A	B	C	D	E	F	G	H	I	J	LEFT
	T	S	R	Q	P	O	N	M	L	K	
	LOWER										

COMMENTS:

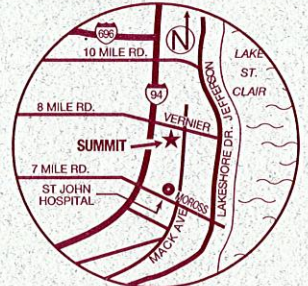
**This referral and any x-rays MUST be brought with you to your appointment.**

Total value: One Hundred Seventy Dollars  
 - no cash value -

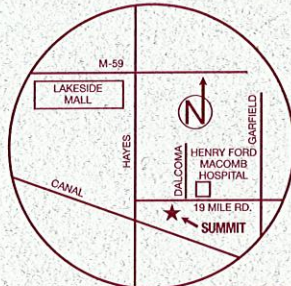
\*Diplomate of the American Board of Oral and Maxillofacial Surgery  
 †Fellow of the American Academy of Cosmetic Surgery



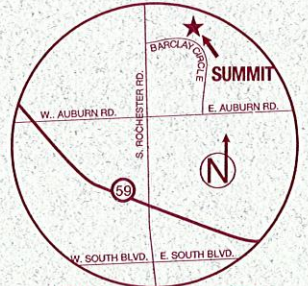
**WARREN AREA OFFICE**  
 Summit Professional Building  
 29427 Ryan Road  
 Warren, MI 48092  
 (586) 755-9340 • Fax (586) 755-1081



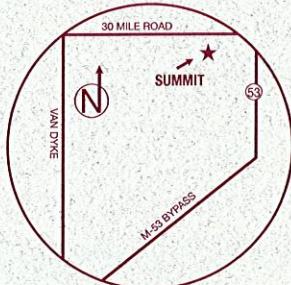
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 Suite 202  
 Washington, MI 48095  
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 additional directions  
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