

Referrals

Practice Limited to Oral and Maxillofacial Surgery



Gregory Thomas, DDS, MS*†
John Hackenberger, DDS*
Michael Kraemer, DMD, MD*
Russell Sclafani, DDS, MD*
Shyam Prasad, BDS, MDS
Arshi Lehal, DDS, MD
Claude LeRose, DDS, MD
and Associates, PC

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



www.summitfacial.com

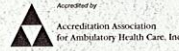


Accredited by

Accreditation Association
for Ambulatory Health Care, Inc.



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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
	LOWER																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Deciduous Teeth

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

COMMENTS:

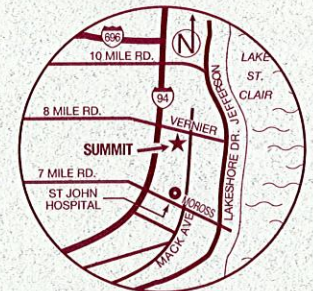
This referral and any x-rays MUST be brought with you to your appointment.

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

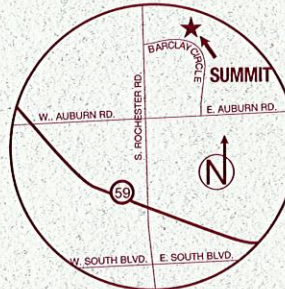
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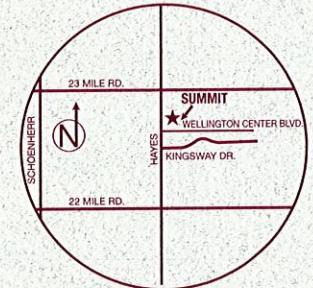
WARREN/STERLING HEIGHTS
 29427 Ryan Road
 Warren, MI 48092
 (586) 755-9340 • Fax (586) 755-1081



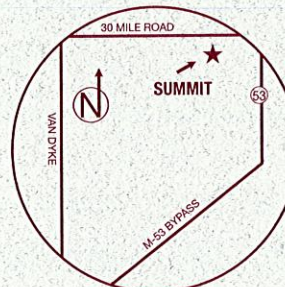
GROSSE POINTE/DETROIT
 20675 Mack Ave.
 Grosse Pointe Woods, MI 48236
 (313) 885-8344 • Fax (313) 885-1819



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