



Michael Kraemer, DMD, MD*

Russell Sclafani, DDS, MD*

Arshi Lehal, DDS, MD*

Claude LeRose, DDS, MD, FACS*†

Nicolette Essian, DMD, CFNC, MS*



SCAN QR CODE TO COMPLETE PATIENT REGISTRATION PRIOR TO YOUR SCHEDULED APPOINTMENT OR VISIT: WWW.SUMMITFACIAL.COM

*Diplomate of the American Board of Oral & Maxillofacial Surgery
 †Fellow of the American College of Surgeons
 ♦Oral & Maxillofacial Pathologist

REFERRAL FORM
 YOU MUST BRING THIS TO YOUR CONSULTATION

·Please send any recent xrays via email·

Patient's Name: _____

DOB: _____ Today's Date: _____

Referred By: _____

Referral Address: _____

TREATMENT REQUESTED

- Extractions
- Dental Implants
- Pathology
- Orthognathic Surgery
- Facial Fractures & Lacerations
- Panorex
- CBCT
- Other _____

UPPER

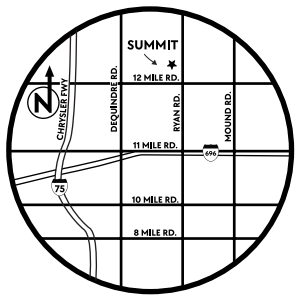
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LOWER

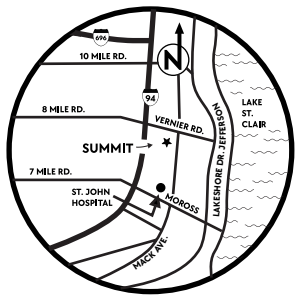
COMMENTS:

·Please have your insurance info ready when scheduling your appointment·
 ·CHILDREN UNDER 18 MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN·

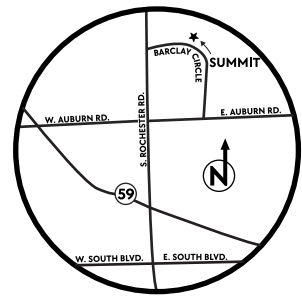
OFFICE LOCATIONS



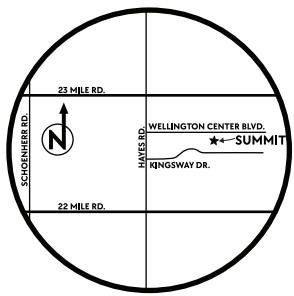
WARREN/STERLING HEIGHTS
 ADDRESS: 29427 Ryan Rd.
 Warren, MI 48092
 PHONE: 586-755-9340
 FAX: 586-755-1081
 EMAIL: WAR@SUMMITFACIAL.COM



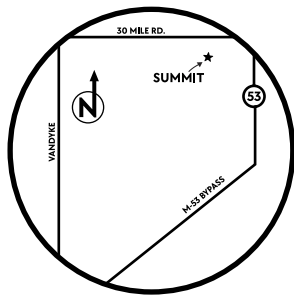
GROSSE POINTE/DETROIT
 ADDRESS: 20675 Mack Ave.
 Grosse Pointe Woods, MI 48236
 PHONE: 313-885-8344
 FAX: 313-885-1819
 EMAIL: GP@SUMMITFACIAL.COM



ROCHESTER/TROY
 ADDRESS: 305 Barclay Circle Dr. #1000
 Rochester Hills, MI 48307
 PHONE: 248-293-5500
 FAX: 248-293-5505
 EMAIL: ROCH@SUMMITFACIAL.COM



MACOMB/CLINTON TOWNSHIP
 ADDRESS: 15286 Wellington Center Blvd.
 Macomb, MI 48044
 PHONE: 586-286-1600
 FAX: 586-286-8963
 EMAIL: MAC@SUMMITFACIAL.COM



ROMEO/WASHINGTON
 ADDRESS: 12150 30 Mile Rd. #202
 Washington, MI 48095
 PHONE: 586-752-9691
 FAX: 586-752-6199
 EMAIL: ROMEO@SUMMITFACIAL.COM