



MICHAEL KRAEMER | **ARSHI LEHAL** | **CLAUDE LEROSE** | **AND ASSOCIATES**
 DMD, MD* | DDS, MD, FACS*† | DDS, MD, FACS*†

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

REFERRAL FORM



- You must **bring this referral form with you to your appointment.**
- Have your **insurance and referral ready** when scheduling your appointment.
- Children under 18** must be accompanied by a parent or legal guardian.

Patient's Name: _____

DOB: _____ Today's Date: _____

Referred By: _____

Referral Address: _____

Panorex to be sent to frontdesk@summitfacial.com? ☐ Yes ☐ No

If **yes**, date of when the panorex was taken: _____

TREATMENT REQUESTED

- | | |
|---|--|
| ☐ Extractions | ☐ Orthognathic Surgery |
| ☐ Dental Implants | ☐ Facial Trauma |
| ☐ Pathology | ☐ Panorex/CBCT |
| ☐ Surgical Exposure | ☐ Other _____ |

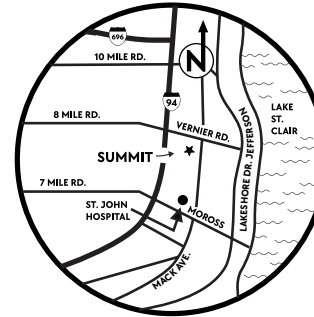
UPPER															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LOWER															

COMMENTS:



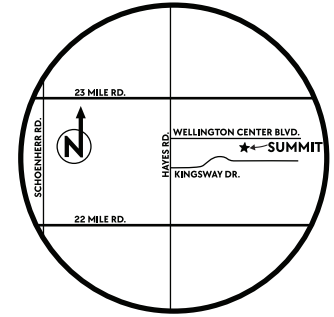
To ensure a seamless visit, we kindly request you **complete** your **patient registration** prior to your visit. You may access the online portal by scanning the **QR code** or by visiting www.summitfacial.com.

OFFICE LOCATIONS



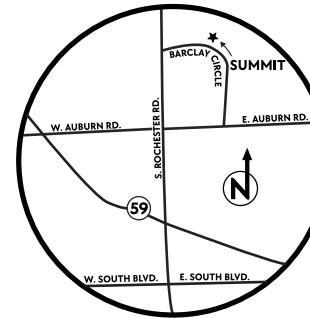
GROSSE POINTE/DETROIT

Address: 20675 Mack Ave.
 Grosse Pte. Woods, MI 48236
Phone: 313-885-8344 **Fax:** 313-885-1819



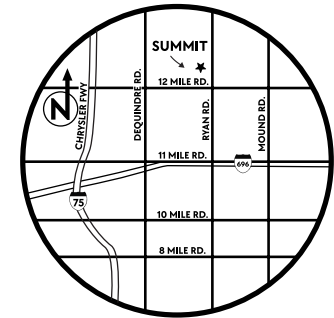
MACOMB/CLINTON TOWNSHIP

Address: 15286 Wellington Center Blvd.
 Macomb, MI 48044
Phone: 586-286-1600 **Fax:** 586-286-8963



ROCHESTER/TROY

Address: 305 Barclay Circle Dr. • #1000
 Rochester Hills, MI 48307
Phone: 248-293-5500 **Fax:** 248-293-5505



WARREN/STERLING HEIGHTS

Address: 29427 Ryan Rd.
 Warren, MI 48092
Phone: 586-755-9340 **Fax:** 586-755-1081

Send Digital **Panorex X-rays & Referral Forms** to: frontdesk@summitfacial.com