

REFERRING DOCTOR FORM

Ernie Woodard, DDS
Oral & Maxillofacial Surgeon

Tacy Sundell
Periodontist

Referring Doctor: _____ Date: _____

Appointment made Date _____ Time _____ Your office Patient Will Call

Patient Name _____ DOB _____

Best Contact Number _____

REASON FOR REFERRAL

ORAL SURGERY

- Biopsy & Lesion Evaluation
- Expose and Bond
- Alveoloplasty
- Frenectomy
- Implants
- Orthonagthic evaluation
- Other _____
- Extractions - Please verify teeth for extractions _____

PERIODONTAL

- Periodontitis
 - Recession # _____
 - Crown Lengthening
 - Isolated Procedure
- _____

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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		
R				A	B	C	D	E		F	G	H	I	J					L
				T	S	R	Q	P		O	N	M	L	K					
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

X-Rays: Attached Being mailed Given to patient No X-ray available

Comments: _____

