

Patient Name: _____

Referred by: _____

Please bring the following to your appointment:

- This referral form
- Any X-rays given to you by your dentist
- A list of your current medications
- Contact information for your doctor
- Dental insurance card

Oral Surgery

- Extractions
- Pathology/ Biopsy
- TMJ-Facial Pain
- Orthognathic Surgery
- Please discuss sedation/GA
- Other

Implant Services

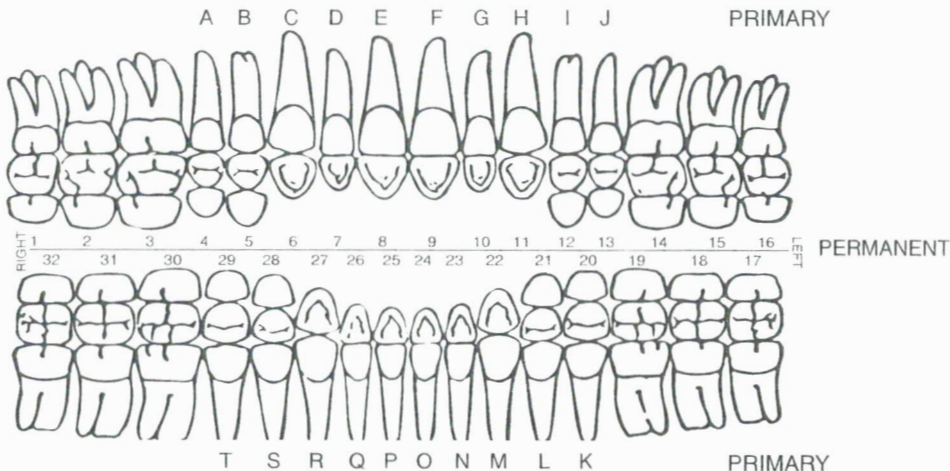
- Implants-Specify Area
- Bone grafting/ Sinus lift

Periodontal Services

- Full Perio - Eval
- Limited Perio- Eval
- Crown Lengthening
- Gingival Grafting / Contour
- Orthodontic Co-Therapy

X-Rays:

- Please take
- Sent with patient
- Mailed/E-mailed



Remarks or Special Instructions: _____

Signed: _____ D.D.S.



KATY

DENTAL SURGERY