Santa Rosa
ORAL SURGERY

❑ Leonard M. Tyko II, DDS, MD, FACS
❑ Jason M. Rogers, DDS

Board Certified Oral and Maxillofacial Surgeons

Dental Implants • Wisdom Teeth Removal • Facial Trauma & Reconstruction • Pediatric Oral Surgery • Bone Grafting

REFERRAL

Today's Date _____

Introducing _____

Patient Phone _____

Referred by _____

Referring Doctor Phone _____

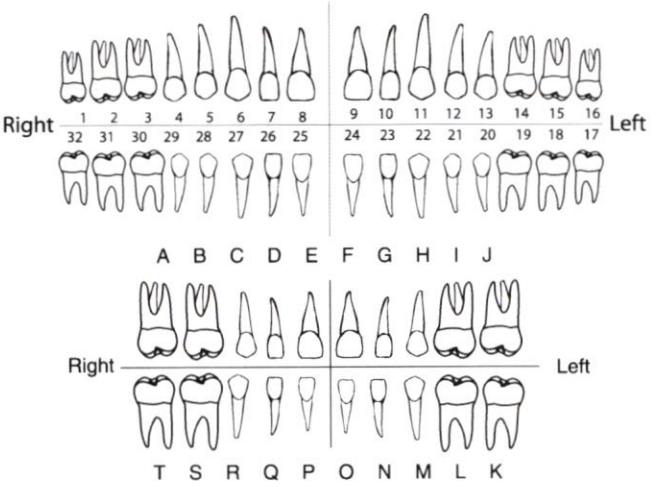
Appointment Date _____ Time _____

This time is reserved specifically for you. If by necessity you must cancel your appointment, the courtesy of at least 48 hours advance notice is appreciated.

Any unmarried patient under 18 years of age must be accompanied by a parent or guardian for all appointments.

PLEASE EVALUATE FOR THE FOLLOWING TREATMENT:

❑ Wisdom Teeth ❑ Implants ❑ Infection/Pathology
❑ Extractions ❑ Bone Graft ❑ Expose & Bond
❑ Sedation ❑ Tori/Alveoloplasty ❑ Cone-Beam iCat Scan



Special Instructions: _____

_____

Restorative Plan: _____

_____

X-RAYS:

❑ Sent by mail ❑ Given to patient
❑ Sent via e-mail ❑ Take X-Ray

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