

Oral & Maxillofacial Surgery of Greater Grand Rapids

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We are referring:

Patient: Daytime Phone:.....

Appointment Date:..... Time:.....

Referring Doctor: Date:.....

X-Rays:

- Attached/Given to Patient E-mailed
 Mailed Separately Not Available

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

Recommended Treatment:

- Extraction Implant Exposure Biopsy TMJ Other

Comments:.....

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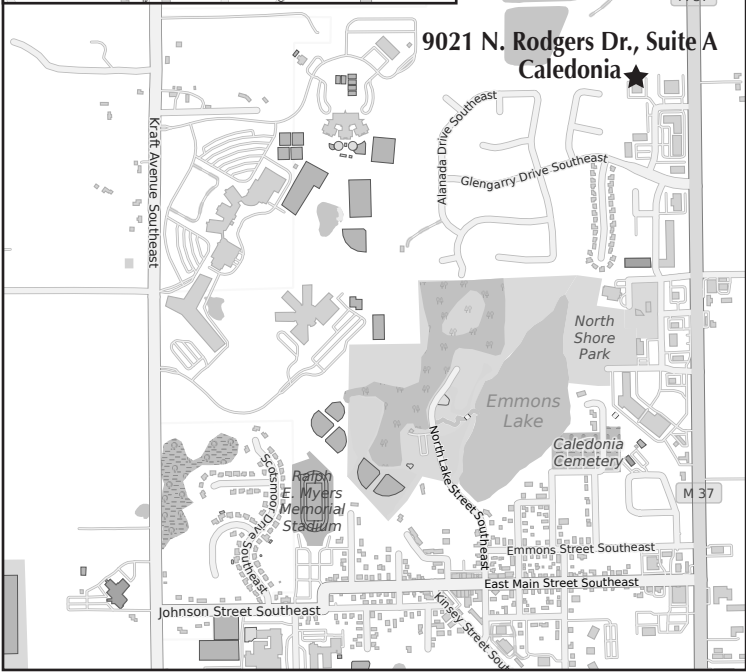
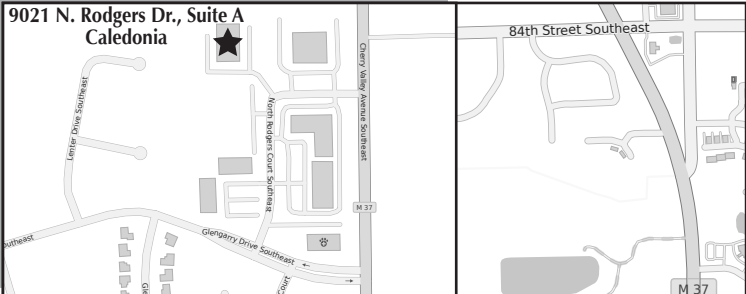
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- Please send more referral pads.

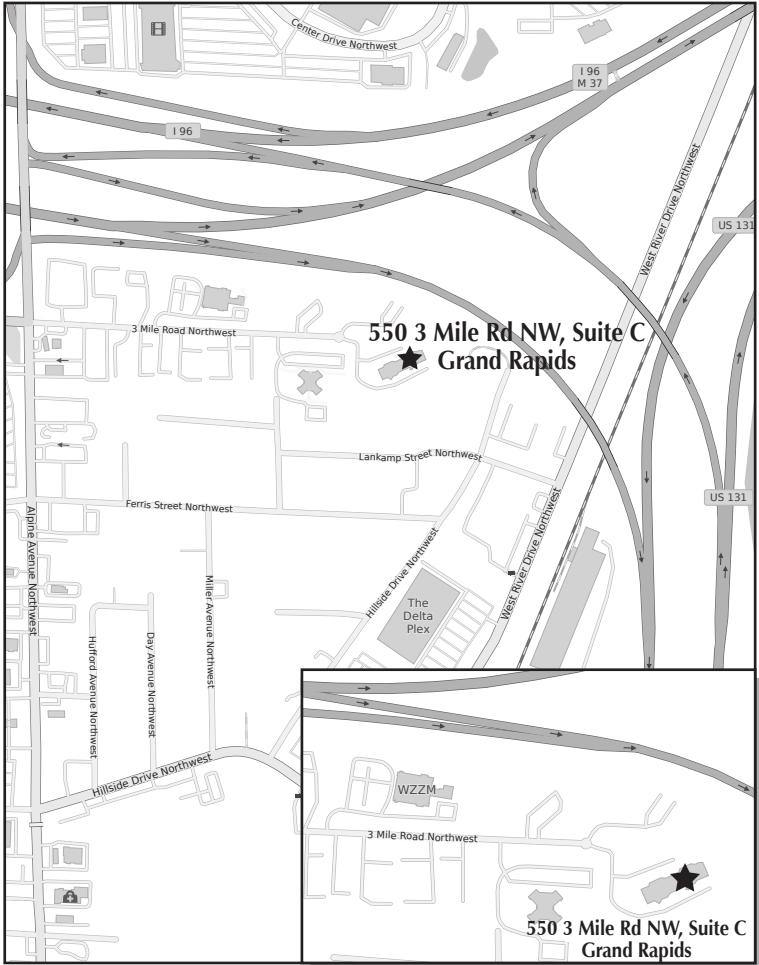
Special Instructions for Patients

1. Patients who wish to have intravenous (IV) anesthesia, must be accompanied by a responsible adult and may have **nothing to eat or drink (except for prescription medication) for a minimum of 6 hours prior to their appointment.**
2. Minors must be accompanied by their parent or legal guardian for all surgical and consultation appointments.
3. Please bring dental & medical insurance cards.
4. Patients 18 years of age or older must bring valid photo ID.
5. **NO** personal checks. We accept all major credit cards, cash, cashiers checks, money orders, and care credit.
6. Payment is due at time of surgery.

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