ORAL & MAXILLOFACIAL SURGERY OF SOUTH TEXAS

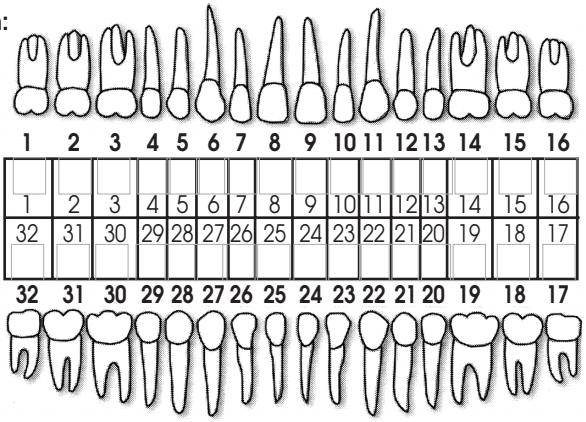
Francisco M. Perez, DMD, MSD
Board Certified Oral & Maxillofacial Surgeon

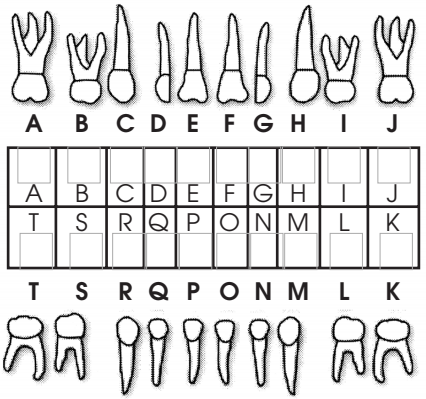
Diplomate of The American Board of Oral and Maxillofacial Surgery

REFERRAL FORM

Patient Name:	Date:
D.O.B.:	Referred by:
Patient Telephone:	Doctor Telephone:

Extraction:





Please Verify Tooth Numbers:

OTHER PROCEDURES	CONSULTATION	RADIOGRAPHS
❒ Alveoloplasty	❒ Implants	❒ Being Mailed
❒ Biopsy	❒ Orthognathic Evaluation	❒ Given to Patient
❒ Incision and Drainage	❒ Other _____	❒ Please Take
❒ Lesion Evaluation	_____	❒ No X-Ray
❒ Exposure	_____	
❒ Hard Tissue	_____	
❒ Infection	_____	
❒ Expose and Bond	_____	
❒ Soft Tissue	_____	
❒ Frenectomy	_____	

Comments: _____

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4728 South Jackson • Edinburg, TX 78539 • Phone: (956) 878-1222 • Fax: (956) 878-1228
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