



Introducing \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_

Contact Patient for Appointment: YES NO (Please circle one)

Referral Note: Please treat the following:

Extractions: 1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16  
(Please circle teeth 32 31 29 28 27 26 25 | 24 23 22 21 20 19 18 17  
to be removed) **RIGHT** A B C D E | F G H I J **LEFT**  
T S R Q P | O N M L K

Please Verify Teeth for Treatment: \_\_\_\_\_

Apicoectomy: Tooth# \_\_\_\_\_

Implant Evaluation/Treatment: \_\_\_\_\_

Oral Pathology Evaluation/Treatment: \_\_\_\_\_

Corrective & Reconstructive Surgery: \_\_\_\_\_

Temporomandibular Joint (TMD) Evaluation/Treatment: \_\_\_\_\_

X-Rays: E-Mailed Pt. to Bring Please Take None (Please circle one)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_