



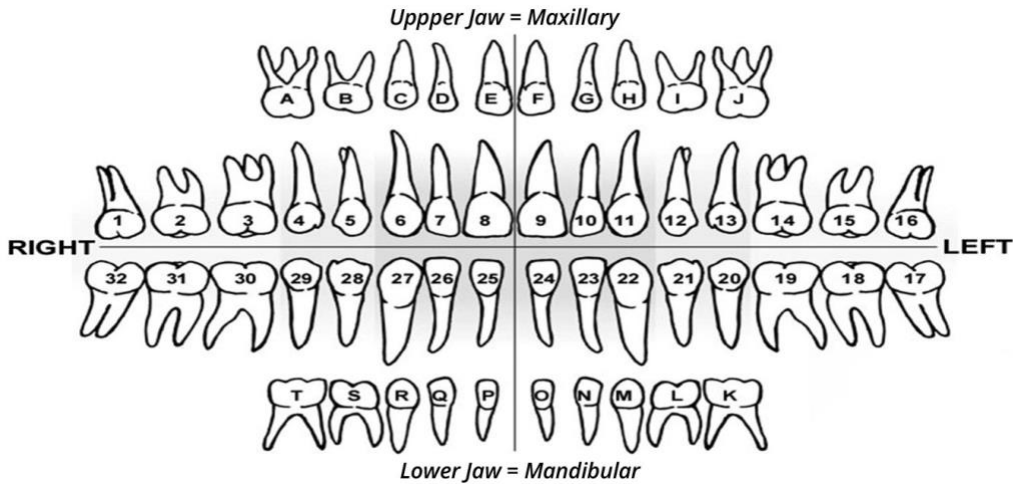
**PATIENT REFERRAL**

Date \_\_\_\_\_

Referring Dr. \_\_\_\_\_

Patient Name \_\_\_\_\_

Phone \_\_\_\_\_



Mark (X) for extraction or surgery

Radiographs:

Sent with patient

E-mailed

Please take

Remarks \_\_\_\_\_

For patients who have scheduled sedation

- Nothing to eat or drink 8 (Eight) hours prior to your appointment
- Make arrangements for an adult to stay at the office during your surgery and drive you home after surgery is complete
- If you are less than 18 years old, you must be accompanied by a parent or guardian

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