

TEXAS ORAL AND FACIAL SURGERY, P.A. ~ RAYMOND L. WIGGINS, D.D.S., M.D.

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In our effort to provide better patient service, please fax this form to our office and give a copy to the patient. Thank you!

INTRODUCING: _____ REFERRAL IS THE COURTESY OF: _____

TODAY'S DATE: ___/___/___ PATIENT ADDRESS: _____

BIRTHDATE: ___/___/___ SEX: M F HOME PHONE: _____ WORK PHONE: _____

Oral Surgery Procedures To Be Performed

Extraction, Teeth/Tooth # _____

Should we discuss dental implants with the patient? Yes No

Alveoloplasty Apicoectomy Biopsy

Exposure Expose, bond Frenectomy

Incision, drainage Trauma Other: _____

Consultation For Reconstructive Surgery

Dental Implants Facial trauma

Other: _____

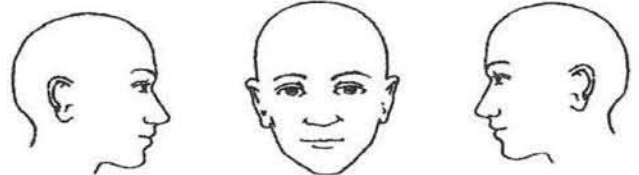
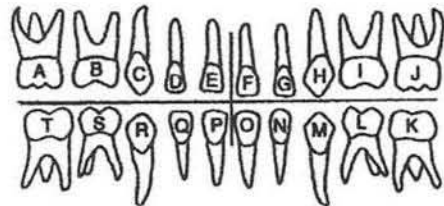
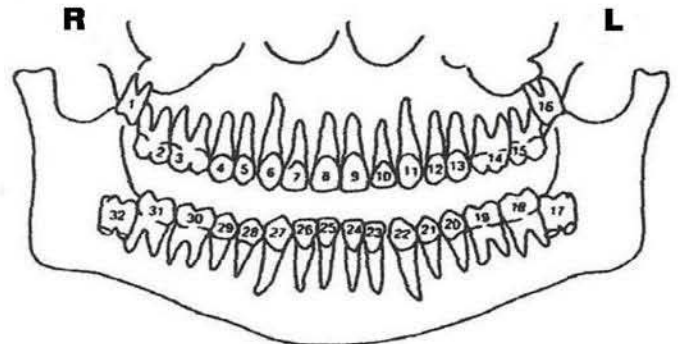
Other _____

Radiographs

Enclosed Given to patient Please make

Doctors Comments: _____

PLEASE "X" Teeth/Tooth/AREA TO BE TREATED



For patients with consultation appointments:

1. If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.
2. If you are taking medicine of *any* kind, bring it with you or prepare a list of the medication(s) including dosage.