

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 Mobile PHONE: _____ Alt. 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: _____

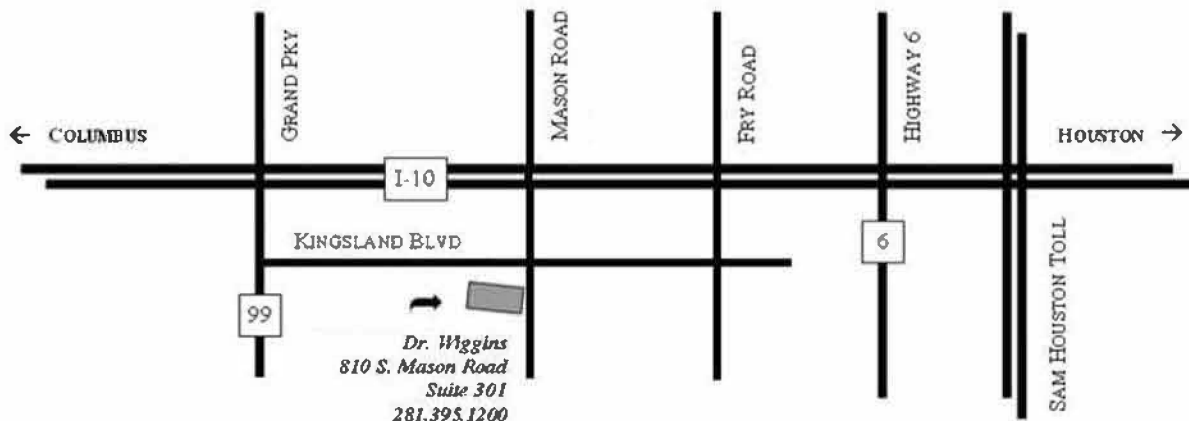
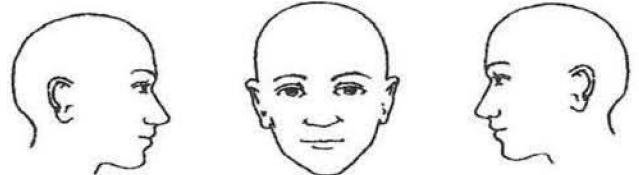
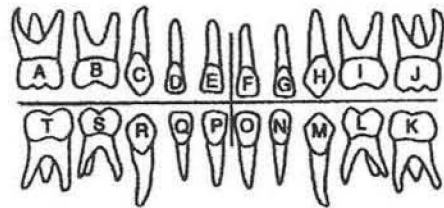
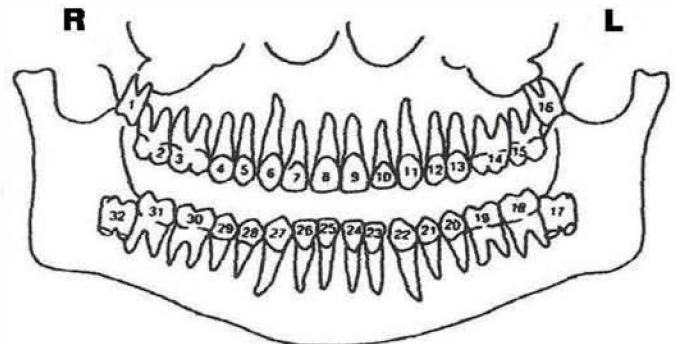
Other _____

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.