

wisdom tooth.

ORAL SURGERY

Dr. Cody Jordan | Oral and Maxillofacial Surgeon

PATIENT REFERRAL FORM

Patient Name: _____ Patient Phone Number: _____

Referred By: _____ Referral Date: _____

Comments: _____

☐ X-Rays Emailed

☐ X-Rays Given to Patient

☐ Extractions

☐ Expose and Bond

☐ Tori Removal

☐ Implant Surgery

☐ Preprosthetic Surgery

☐ Hard Tissue Biopsy

☐ Bone Graft/Site Preservation

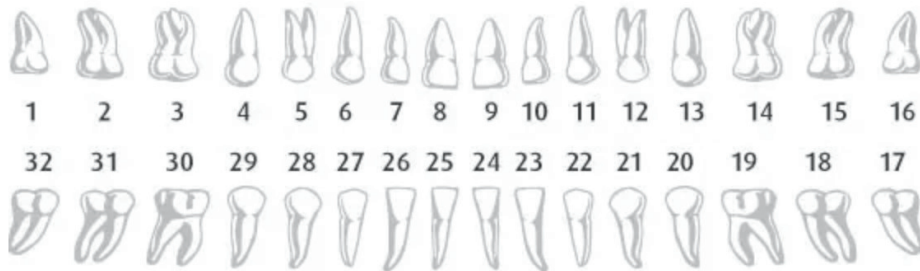
☐ IV Sedation

☐ Soft Tissue Biopsy

☐ Trauma

☐ 3D Imaging

☐ Cyst Removal



Please note that, in most cases, the patient is seen for consultation first to review the health history, anesthesia and treatment plan, then a surgery appointment will be scheduled.

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