

# wisdom tooth.

ORAL SURGERY

**Dr. Cody Jordan** | Oral and Maxillofacial Surgeon

## PATIENT REFERRAL FORM

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Phone Number: \_\_\_\_\_ Patient E-mail (optional): \_\_\_\_\_

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

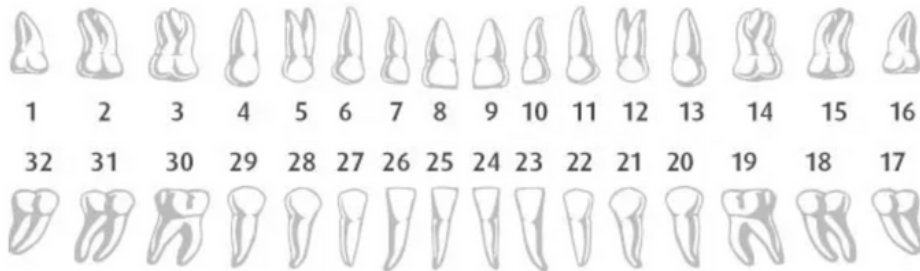
☐ IV Sedation

☐ 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.

**5675 26<sup>th</sup> Ave S**  
**Ste 116**  
**Fargo, ND 58104**

**Phone: 701-699-6966**  
**E-Mail: [info@wisdomtooth.io](mailto:info@wisdomtooth.io)**