

NIVA

DENTAL SPECIALISTS

— Oral and Maxillofacial Surgery —

Introducing: _____ Date: _____

Patient Phone Number: _____

Patient Email: _____

Referred by: _____

Referral for Oral Surgery Evaluation / Treatment:

- | | |
|--|---|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Guided Tissue Regeneration (GTR) |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> All-on-X / Full Arch implants | <input type="checkbox"/> Expose and Bond |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Ortho Anchorage Device |
| <input type="checkbox"/> Peri-Implantitis | <input type="checkbox"/> Pre-prosthetic surgery |
| <input type="checkbox"/> TMJ / TMD | <input type="checkbox"/> CT Scan |

	A	B	C	D	E	F	G	H	I	J							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
	T	S	R	Q	P	O	N	M	L	K							

Remarks: _____

Dr. Shouvik Ponnusamy DMD, FACOMS (DR. SAMY)
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Elevating the Standard in Specialty Care

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