



ICON

ORAL SURGERY

Austin Eckard DMD

Ehssan Ghassemi DMD, MS

Diplomates, American Board of Oral and Maxillofacial Surgery

Date of Referral

Patient's Name

Date of Birth Phone #

CIRCLE and WRITE TEETH # TO BE TREATED

Right	A	B	C	D	E	F	G	H	I	J	Left				
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					

Dental Implant(s)
 Grafting
 Dentoalveolar Surgery
 Extraction(s)
 Sedation
 Pathology
 Other

Reason for Referral :
.....
.....
.....

Doctor Requests Call Yes No

Referring Doctor's Name

Referring Doctor's #

- Please bring a current list of medications and insurance information.
- Minors must be accompanied by a parent/legal guardian.
- Arrive 15 minutes prior to your first appointment to complete registration.
- If you must cancel your appointment, please notify us at least 48 hours prior to your scheduled visit.