AOS
AIRLIE ORAL SURGERY

JULIE LESNICK, DDS

PATIENT REFERRAL FORM

2001 S. Baxter Dr. Leland, NC 28451
P: (910) 408-4464 | F: (828) 570-5271 | E: pc@airlieoralsurgery.com
AirlieOralSurgery.com

PATIENT NAME _____

DATE OF BIRTH _____

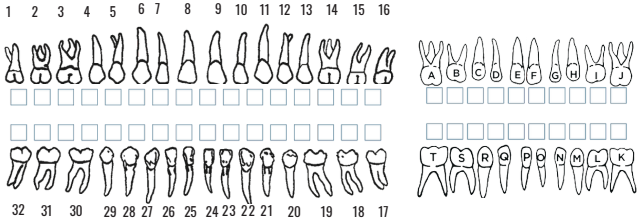
PATIENT TELEPHONE _____

REFERRED BY DR. _____

DOCTOR TELEPHONE _____

DOCTOR EMAIL _____

EXTRACTIONS :



PERMANENT PRIMARY

ADDITIONAL COMMENTS: _____

OTHER PROCEDURES:

- ☐ Wisdom Tooth Removal
- ☐ Alveoloplasty
- ☐ Biopsy
- ☐ Bone Grafting
- ☐ Expose and Bond # _____
- ☐ Exposure Tooth # _____
- ☐ Frenectomy
- ☐ Frenectomy
- ☐ Hard Tissue Evaluation
- ☐ Incision and Drainage
- ☐ Removal of Tori
- ☐ Soft Tissue Evaluation
- ☐ Vestibuloplasty

CONSULTATION FOR RECONSTRUCTIVE SURGERY:

- ☐ Dental Implant Tooth # _____
  - ☐ Bone Graft
  - ☐ Implant Bridge
  - ☐ Hybrid
  - ☐ Implant Retained Overdenture

In Network with Major Insurance Carriers