



# A | O S

## AIRLIE ORAL SURGERY

Craven Jameson, II, DMD

# PATIENT REFERRAL FORM

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PATIENT NAME \_\_\_\_\_

REFERRED BY DR. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DOCTOR TELEPHONE \_\_\_\_\_

PATIENT TELEPHONE \_\_\_\_\_

DOCTOR EMAIL \_\_\_\_\_

### EXTRACTIONS :

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

PERMANENT



PRIMARY

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER PROCEDURES:

- Wisdom Tooth Removal
- Alveoplasty
- Apicoectomy
- Biopsy
- Bone Grafting
- Expose and Bond # \_\_\_\_\_
- Exposure Tooth # \_\_\_\_\_
- Frenectomy
- Hard Tissue
- Incision and Drainage
- Lesion Evaluation
- Removal of Tori
- Soft Tissue
- Vestibuloplasty

### CONSULTATION FOR RECONSTRUCTIVE SURGERY:

- Dental Implants Tooth # \_\_\_\_\_
- Bone Graft
- Hybrid
- Implant Bridge
- Implant Retained Overdenture



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