



## Oral Surgery Referral Form

Gregory White, DDS  
Kyle Mecca, DMD

\*Please bring this form to your appointment

Patient: \_\_\_\_\_

Appointment Date + Time: \_\_\_\_\_

UR							
1	2	3	4	5	6	7	8

UL							
9	10	11	12	13	14	15	16

LR							
32	31	30	29	28	27	26	25

LL							
24	23	22	21	20	19	18	17

Radiographs: ☐ Will be sent ☐ Take at appt

Treatment / Reason for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Implant brand preferred \_\_\_\_\_

Lab preference \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

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