Healdsburg Oral Surgery & Dental Implants

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PATIENT NAME ______________________ DATE OF BIRTH ______________

PATIENT PHONE ____

PATIENT EMAIL ____

REFERRING DOCTOR ____________________ PHONE __________________

REFERRAL EMAIL ____

REFERRING DOCTOR SIGNATURE ____________ TODAY'S DATE __________

REASON FOR REFERRAL: ___________________________________

○ THIRD MOLARS ○ EXTRACTION ○ DENTAL IMPLANT

○ EXPOSURE + BOND ○ ALL-ON-X MAXILLA ○ ALL-ON-X MANDIBLE

○ PREFERRED IMPLANT SYSTEM ___________________________________

RECENT X-RAYS

○ SENT WITH PATIENT ○ MAILED ○ EMAILED ○ PLEASE TAKE XRAYS

IF SENT, TYPE: ○PANOREX ○ PERIAPICAL ○ CBCT ○ DATE TAKEN _______

AREA (s) TO BE EVALUATED

UPPER RIGHT																	UPPER LEFT
				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	
LOWER RIGHT				T	S	R	O	P	O	N	M	L	K				LOWER LEFT

ADDITIONAL COMMENTS

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Select provider (if preferred) ☐ DR. WANDELL ☐ DR. LELIS

Radiographs and referral slips can be emailed to info@healdsburgoralsurgery.com. All patients are encouraged to complete their patient registration forms prior to their appointment by visiting our website at healdsburgoralsurgery.com

Healdsburg Ave
Russian River
101
Rio Lindo Adventist Academy
Best Western Dry Creek Inn
Healdsburg Ave
Villa Chanticleer
Del Rio Woods Regional Park
Tayman Park
Seghesio Family Vineyards
Healdsburg Recreation Park
SingleThread Farm - Restaurant - Inn
Healdsburg
101
CENTRAL HEALDSBURG
Russian River
Westside Rd
ru's Farm
Healdsburg Veterans Memorial Beach