

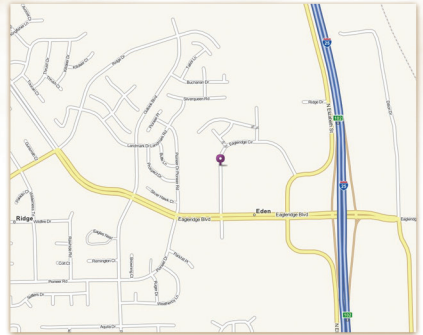


SOUTHERN COLORADO ORAL & FACIAL SURGERY

Brandon C. Payne DDS, MD

4728 Eagleridge Circle, Suite 110 • Pueblo, CO 81008
P | 719-542-4546 • F | 719-542-4548 • www.PayneOMS.com

REFERRAL FORM



PATIENT INSTRUCTIONS:

You have been referred for specialized care to an Oral and Maxillofacial Surgeon. Our office will make every effort to make your visit with us a comfortable experience. Please assist us by providing the following information at the time of your consultation:

- Your surgical referral slip and any x-rays, if applicable.
- A list of medications you are presently taking.
- If you have medical or dental insurance, bring your card. This will save time and allow us to help you process any claims.
- **IMPORTANT:** All patients under the age of 18 must be accompanied by a parent or guardian at the consultation visit (with proof of guardianship).
- A pre-operative consultation and physical examination is mandatory for patients undergoing IV general anesthesia for surgery.
- Please alert the office if you have a medical condition that may be of concern prior to surgery (i.e. diabetes, high blood pressure, artificial heart valves and joints, rheumatic fever).
- Our staff is here to address concerns you may have about your appointment. Please ask us so we may help you.

Today's Date: _____ Appt. Date: _____ Time: _____

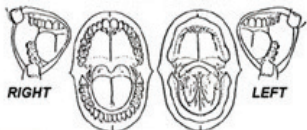
Patient Name: _____

Patient's Phone: _____

Referring Dr.'s Name: _____

Referring Dr.'s Phone: _____

SOFT TISSUE
CHART:



PLEASE CIRCLE OR MARK (X) FOR TEETH TO BE TREATED.

RIGHT								LEFT																								
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
T	S	R	Q	P	O	N	M	L	K	J	I	H	G	F	E	D	C	B	A													

Comments/Special instructions: _____

REFERRAL FORM

- EXTRACTION
- Lesion & Evaluation
- Incision & Drainage
- Exposure
- Biopsy
- Expose & Bond
- Frenectomy
- OTHER: _____

RADIOGRAPHS:

- Being Mailed
- Given to Patient
- Please Take
- No X-Ray
- Will Bring X-Ray
- Other: _____

CONSULTATION:

- Implants
- Pre-Prosthetic
- Ridge Augmentation
- Facial Cosmetic Surgery
- Oral/Facial Lesion
- Carious/Abscessed Teeth
- Bone Grafting

Southern Colorado's Premier Oral & Maxillofacial Surgery Center

4728 EAGLERIDGE CIRCLE, SUITE 110 • PUEBLO, CO 81008 • P | 719-542-4546 • F | 719-542-4548

www.PayneOMS.com • Office@PayneOMS.com