



# SUMMIT

Oral & Maxillofacial Surgery

Phone: 801.798.9500 Fax: 801.798.5466

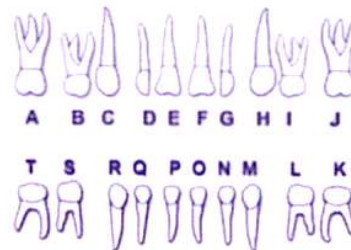
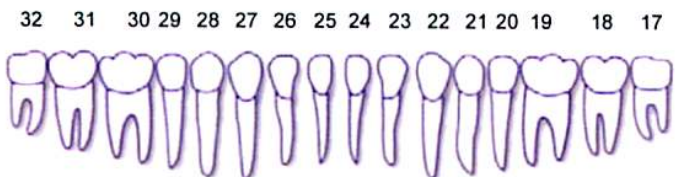
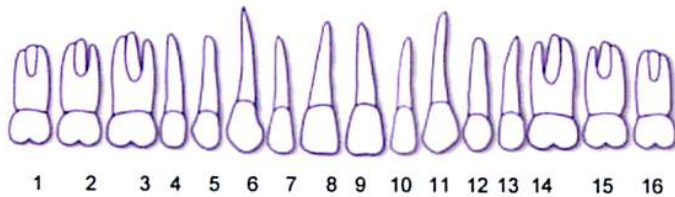
Email: [frontdesk@SummitOMFS.com](mailto:frontdesk@SummitOMFS.com) Address: 642 East Kirby Lane, Suite 101, Spanish Fork, UT 84660

Patient's Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Date \_\_\_\_\_

- X-rays mailed
- Copies given to patient
- Please take new x-rays



- |  |   |
|--|---|
| <input type="checkbox"/> Extraction                      | <input type="checkbox"/> Infection            |
| <input type="checkbox"/> Implant: Zimmer / Nobel / Other | <input type="checkbox"/> Cyst / Tumor         |
| <input type="checkbox"/> Healing abut preference _____   | <input type="checkbox"/> Biopsy               |
| <input type="checkbox"/> Bone Grafting                   | <input type="checkbox"/> Tori Removal         |
| <input type="checkbox"/> Exposure of Unerupted Tooth     | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> Apicoectomy                     | <input type="checkbox"/> Oral / Facial Trauma |
| <input type="checkbox"/> Temporomandibular Joint (TMJ)   | <input type="checkbox"/> Botox / Juvéderm     |

Special Instruction or Specifics

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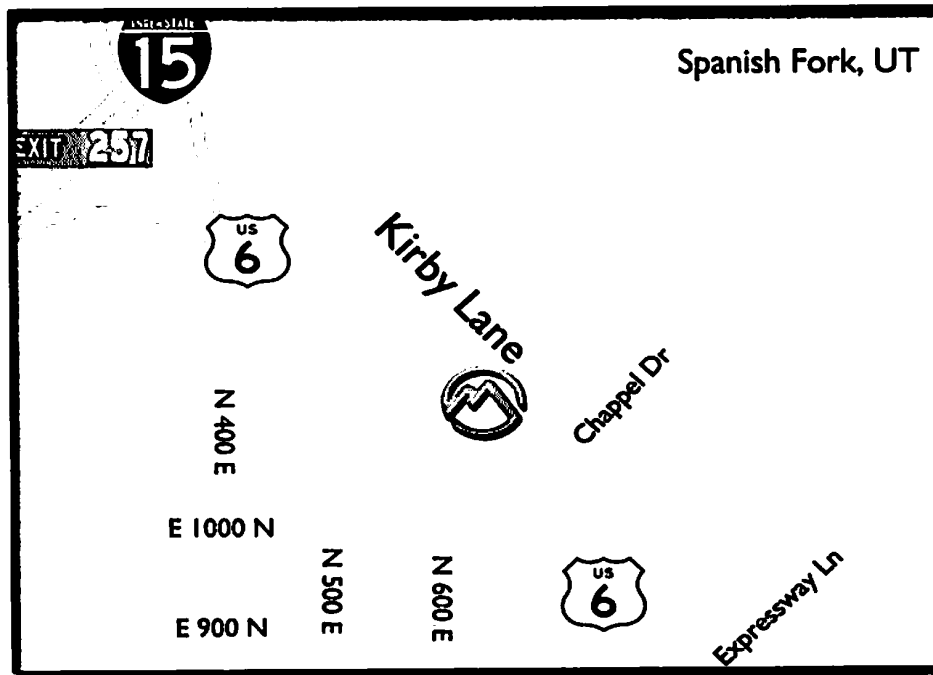
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Signature of Referring Doctor \_\_\_\_\_



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Appointment Date \_\_\_\_\_ Time \_\_\_\_\_  
Please contact our office for same day scheduling

### Patient Instructions

- ◆ The day of your appointment please bring:
  1. This referral slip
  2. Current X-Rays (If Available)
  3. Insurance Cards
  4. List of Current Medications.
- ◆ If you are taking blood thinners or have had heart surgery, heart valve replacement, or joint replacement surgery, please contact our office for special instructions.
- ◆ Minors must be accompanied by a parent or legal guardian
- ◆ If you are unable to keep your appointment for any reason, please notify the office promptly, so that another patient may take your place.
- ◆ Payments can be made by cash, check, or credit card; we ask that fees be paid at the time services are rendered.