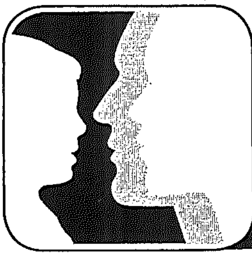

Michael B. Vitt, D.D.S., Inc.

Oral & Maxillofacial Surgery

Moundbuilders Doctors Park

1272 West Main Street, Newark, Ohio 43055

Telephone: **740-344-2106** • Fax: 740-344-9220

REFERRAL REQUEST

Referring Dr.'s Name____________________________ Date:_____________

Patient Name____

History____

____

____

SERVICES REQUESTED:

___Consultation	___Impaction	___Pre-Prosthetic Surg.
___Infection	___Implant	___Surgical exposure
___Apicoectomy	___Panorex X-ray	___Orthognathic Surg.
___Alveoplasty	___X-rays mailed	___Gen. Anesthesia
___Biopsy	___X-rays given to patient	___IV Sedation
___Extraction		___Local Anesthesia

___Other____

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

Right Left

Lingual

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Additional Comments:

Signed_____________________________________ Date_______________

Referring Doctor

Referring Dr.'s Name____________________________

APPOINTMENT REQUEST (Please confirm or reschedule)

Date:______________________ Time:______________

Patient Referred to Dr.______________________________