

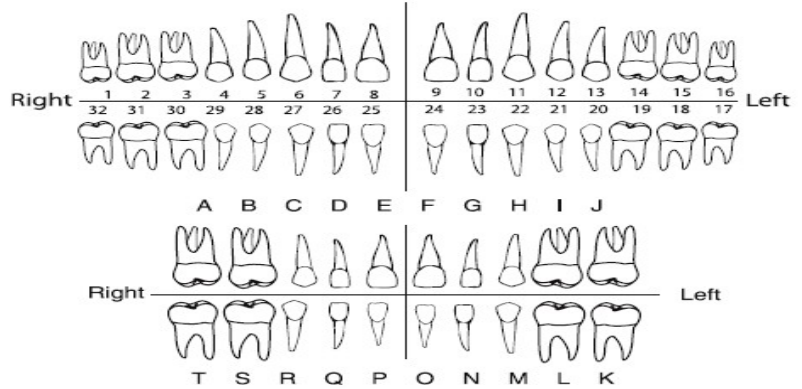
North Dallas Oral & Maxillofacial Surgery

Afshin Rezvani, DDS, MD
915 W. Exchange Pkwy, Suite 210
Allen, TX 75013
www.northdallasoralsurgery.com
Phone:(214)383-3883
Fax:(214)383-9043

Date of referral: _____
Referred by: _____ Office Phone:(____)____-____
Patient's Name/DOB: _____
Patient Phone:(____)____-____
Patient Insurance Information: _____

This Patient is Being Referred for:

- Extraction
- Implant
- Frenulectomy/Frenuoplasty: _____
- Biopsy: _____
- Cyst/Tumor: _____
- Exposure of Unerupted Tooth
- Tori Removal: _____
- Alveoloplasty: _____
- Bone Graft
- TMJ Evaluation
- Other: _____



Radiographs

- Email sent to(frontdesk@northdallasoralsurgery.com)
- Patient has copy
- None on file

Referring Doctor Comments: _____

Referring Doctor Signature: _____

***Please inform the patient that the initial visit is a consultation only unless stated otherwise.**