



Oral Surgery

# MAXILLOFACIAL SURGERY REFERRAL

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Email any digital attachments, such as x-rays or photos to us: [OS@AbariOrthodontics.com](mailto:OS@AbariOrthodontics.com)

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

REFERRING DOCTOR'S NAME: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

UNIVERSAL NUMBERING SYSTEM				<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>					
	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		
				<b>T</b>	<b>S</b>	<b>R</b>	<b>Q</b>	<b>P</b>	<b>O</b>	<b>N</b>	<b>M</b>	<b>L</b>	<b>K</b>					

### Diagnostic Services:

- Consultation     Panorex     CBCT scan

### Dentoalveolar Services:

- Extraction     Alveoloplasty     Biopsy/Pathology  
 Impaction     Apicoectomy

### Orthodontic Services:

- Exposure     Surgical Uprighting     Extraction  
 Bracket and Chain

### Implant Services:

Implant sites \_\_\_\_\_

Nobel system used \_\_\_\_\_

### Reconstruction:

- Socket preservation     Hard tissue  
 Soft tissue     Sinus Lift

DIAGNOSIS AND COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Fax: 909-305-0840 or email us: [OS@AbariOrthodontics.com](mailto:OS@AbariOrthodontics.com)

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