

# South Suburban Oral & Maxillofacial Surgeons, Ltd



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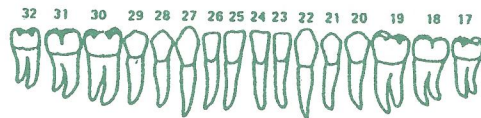
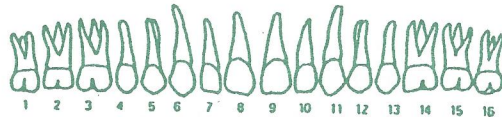
Introducing: \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred for:

1. Extraction
2. Preprosthetic Surgery
3. Implant Surgery
4. Pathology Exam
5. Orthognathic Surgery
6. Trauma/Facial Fracture



Special Considerations or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please Sign \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Please see other side.