ALASKA CENTER FOR
Oral + Facial Surgery
www.AlaskaOralFacialSurgery.com
Eric Nordstrom | DDS, MD

PATIENT REFERRAL

Date _____ Referring Dr. _____

Please call 907.222.5052 to schedule your patient's appointment

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Patient Name _____ Patient Phone _____

This patient is being referred for evaluation of the following:

- ☐ Alveoloplasty Tooth #_____
- ☐ Apicoectomy Tooth #_____
- ☐ Biopsy
- ☐ Bone Grafting
- ☐ Distraction Osteogenesis
- ☐ Exposure Tooth #_____
- ☐ Exposure, Bond
- ☐ Extraction Tooth #_____
- ☐ Facial Fracture
- ☐ Frenectomy
- ☐ Hard Tissue
- ☐ Incisions, Drainage
- ☐ Infection
- ☐ Socket Preservation
- ☐ Lesion Evaluation
- ☐ Soft Tissue
- ☐ Trauma
- ☐ Wisdom Teeth Removal

Consultation for Reconstructive Surgery

- ☐ Dental Implants Tooth #_____
  - ☐ Screw Retained
  - ☐ Cemented
  - ☐ Implant Bridge
  - ☐ Implant Retained Overdenture
  - ☐ Hybrid
  - ☐ Bone Graft
- ☐ Cleft Lip, Palate Evaluation
- ☐ Facial Trauma
- ☐ Orthognathic Evaluation
- ☐ TMJ Evaluation
- ☐ Other:_____

Comments: _____

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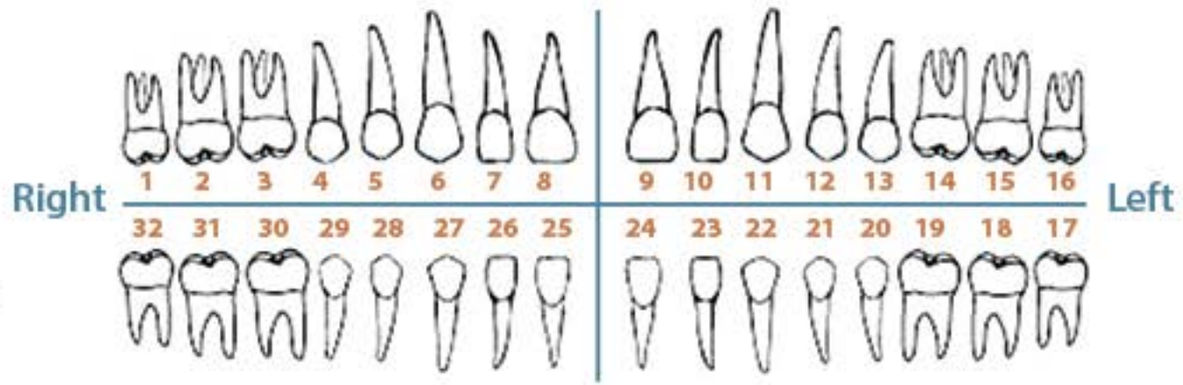

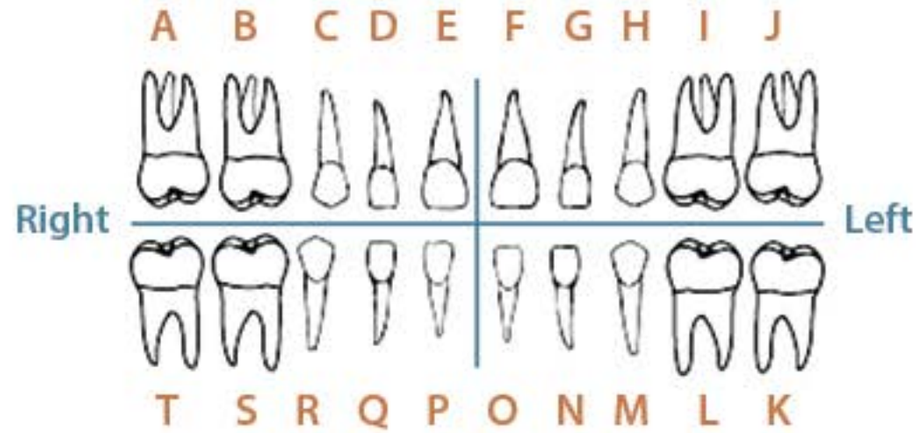

☐ Please call me before proceeding with treatment. ☐ I have sent radiographs for your evaluation. Date taken_____

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