

Ted Rodich

D.D.S., P.C.

Oral and Maxillofacial Surgery

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Introducing: _____ Date: _____

Referring doctor: _____

Appointment: Made for patient: Date: _____ Time: _____

Patient instructed to call for an appointment

Please contact patient for appt - Phone _____

Being referred for:

Extractions

Pre-prosthetic

Expose/bond

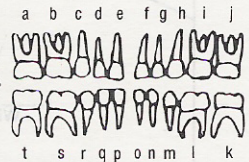
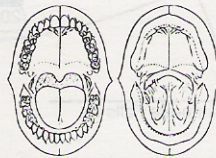
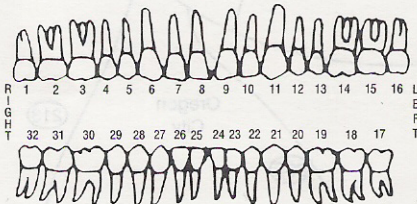
Lesion evaluation

Implants

Other _____

TMJ / MPD

Orthognathic



Remarks or special instructions: _____

RADIOGRAPHS: Were mailed _____ Given to patient

Please take

Not necessary

INSTRUCTIONS FOR PATIENTS:

1. Unmarried patients under eighteen years of age must be accompanied by a parent or legal guardian at time of the appointment.
2. If you have medical problems or take medications, please bring a complete list of these with you to your appointment.
3. If you have any questions, please contact our office prior to your surgery.