



ORAL & FACIAL SURGERY

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WWW.CRYSTALCOASTOFS.COM

# PATIENT REFERRAL

INTRODUCING: \_\_\_\_\_

APPOINTMENT DATE & TIME: \_\_\_\_\_

Please call 252-288-5713 to schedule your patient's appointment.

**PLEASE BRING THIS FORM TO YOUR APPOINTMENT.**

DATE: \_\_\_\_\_ REFERRING DR. \_\_\_\_\_ PHONE: \_\_\_\_\_

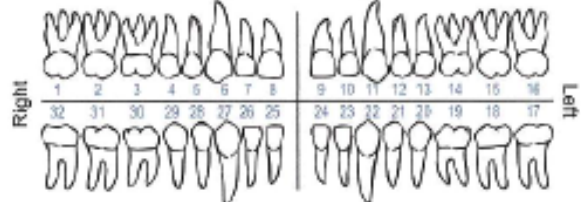
This patient is being referred for evaluation of the following:

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

CONSULTATION FOR RECONSTRUCTIVE SURGERY

- Dental Implants Tooth # \_\_\_\_\_
- Bone Graft
- Cleft Lip, Palate Evaluation
- Facial Trauma
- Orthognathic Evaluation
- TMJ Evaluation
- Other: \_\_\_\_\_

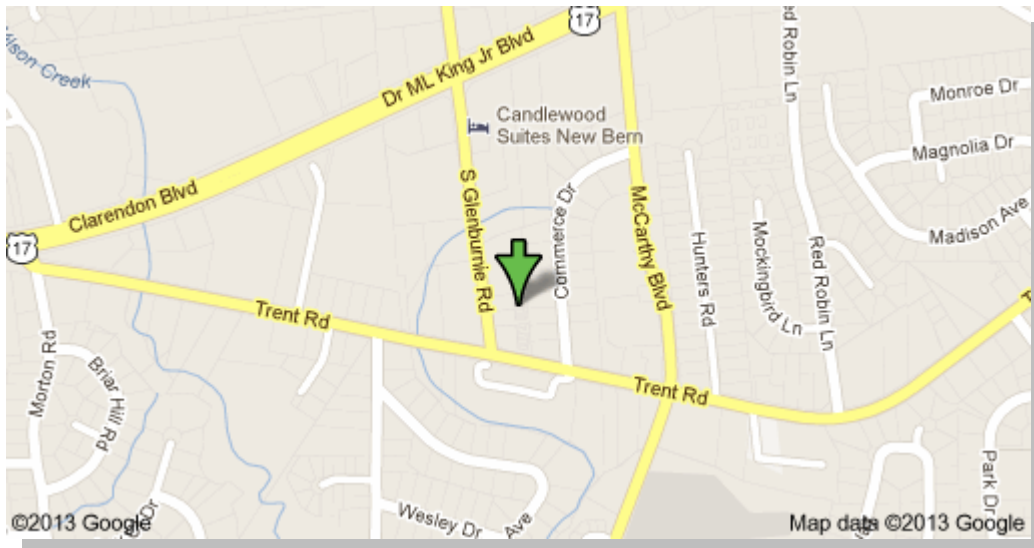
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please call me before proceeding with treatment.

I have sent radiographs for your evaluation.

2129 S. Glenburnie Road #10 • New Bern, NC 28562 • Phone 252-288-5713 • Fax 252-288-5612



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