

# PATIENT REFERRAL FORM



## RENAISSANCE ORAL & FACIAL SURGERY

Sharon H. Ornstein, DDS

*Diplomate, American Board of Oral & Maxillofacial Surgery*

Dallas Location

Frisco Location

*(Map to facilities located on back of form)*





Patient's Legal Name: \_\_\_\_\_

*(First, Middle Initial, Last)*

Referred By Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE MARK TEETH OR AREA TO BE EVALUATED

	
1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16
	F G H I J
<b>R</b> _____ <b>L</b>	
A B C D E	O N M L K
T S R Q P	
32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17
	

### OTHER PROCEDURES *(Please indicate below)*

- Extraction
- Dental Implant Exam
- Orthognathic Surgery Evaluation
- Oral Pathology Exam
- Pre-Prosthetic Evaluation
- Other \_\_\_\_\_

REMARKS OR SPECIAL INSTRUCTIONS:

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**IMPORTANT: Patient instructions on back of form.**

Visit us on the web @ [www.dronstein.com](http://www.dronstein.com)  
or watch a video of Dr. Ornstein @ [www.wellnesshour.com](http://www.wellnesshour.com)  
You can also find us on **Facebook & Twitter!**

# RENAISSANCE

ORAL & FACIAL SURGERY

Dear Patient,

Your initial visit, with the exception of certain emergency cases, is for consultation only. This enables Dr. Ornstein to fully evaluate your problems and tailor the care to your specific needs.

1. Please bring your most recent x rays of the area in question, if they are available. It may be necessary to take additional films.
2. Please bring a list of all medications you are taking, the dosage or size of each, and the way you are taking them.
3. Any unmarried patient under 18 years old must be accompanied by parent or a guardian at the time of surgery (or have written consent).
4. If you have medical or dental insurance, bring the necessary completed forms. This will save time and allow us to help you process your claims.

