

# PATIENT REFERRAL FORM



## Oral & Maxillofacial Surgery

Michael L. Bobo, DDS, MD, FACS • James W. Pledger II, DDS

Please select which doctor you are referring to:

- First Available   
  Dr. Bobo   
  Dr. Pledger

Please select which office you are referring to:

- Murray Location   
  Union City Location

*(Maps to offices located on back of form)*

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

(First, Middle Initial, Last)

Referring Doctor: \_\_\_\_\_

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

### PLEASE MARK TEETH OR AREA TO BE EVALUATED

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

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

- Tooth Extraction  
 Dental Implant  
 Pre-Prosthetic Surgery  
 Oral/Facial Pathology  
 Orthognathic Surgery  
 Oral/Facial Trauma  
 Cosmetic Facial Surgery  
 Other \_\_\_\_\_

REMARKS OR SPECIAL INSTRUCTIONS:

---



---



---

**PATIENT INSTRUCTIONS FOUND ON BACK OF FORM.**

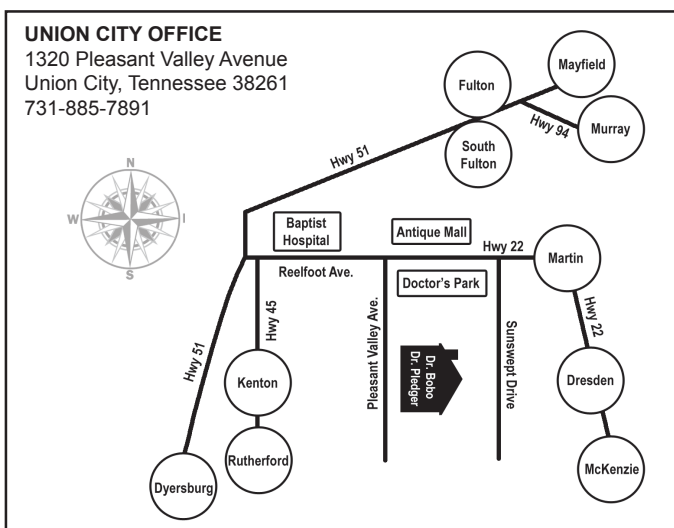
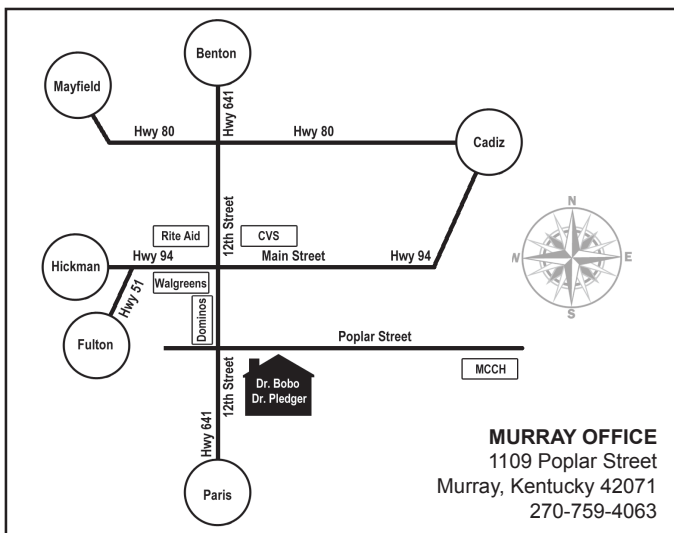


# Oral & Maxillofacial Surgery

Michael L. Bobo, DDS, MD, FACS • James W. Pledger II, DDS

We appreciate you choosing our office for your oral surgical needs. Please review the information found below prior to your visit.

1. Patient should have nothing to eat or drink 6 hours before surgery.
2. Provide a list of all prescribed medications. You may take your regular medicines with a small sip of water.
3. If available, bring the most recent x-ray(s) of the area(s) in question.
4. Surgical patients are required to bring someone to stay in the lobby during your procedure. Children under 18 years of age must be accompanied by a parent or guardian at the time of surgery.
5. Please bring a current photo ID and all dental and/or medical insurance cards.



Patient information forms may be printed from our website at [www.kytnoralsurgery.com](http://www.kytnoralsurgery.com).