



Spring Oral Surgery & Dental Implant Center

Alex G. Bachoura, DDS, MD
Andrew Michael, DDS, MD
Howard B. Price II, DDS
Gonzalo Sader, DDS, MSD

3466 Discovery Creek, Suite 250
Spring, Texas 77386

Tel: 281-801-7866

Email: info@springoralsurgery.com

Patient Name: _____ Referred by: _____

Please bring the following to your appointment:

- This referral form
- Any X-rays given to you by your dentist
- A list of your current medications
- Contact information for your doctor
- Dental insurance details

Oral Surgery

- Extractions
- Pathology / Biopsy
- TMJ - Facial Pain
- Orthognathic Surgery
- Please discuss sedation / GA
- Other

Implant Services

- Implants - Specify Area

- Bone grafting / Sinus lift

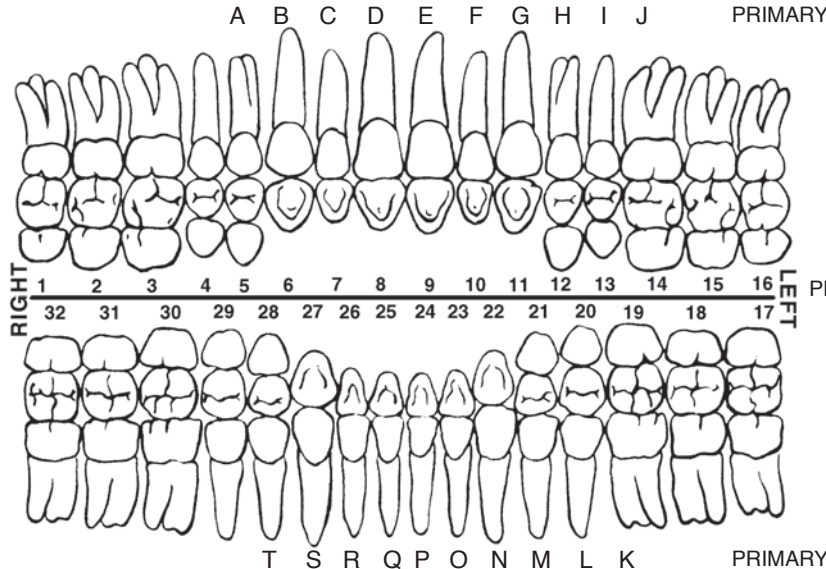
Periodontal Services

- Full Perio - Eval
- Limited Perio - Eval
- Crown Lengthening
- Gingival Grafting / Contour
- Orthodontic Co - Therapy

X-Rays:

- Please take
- Sent with patient
- Mailed/E-mailed

Remarks or Special Instructions:



Signed: _____, D.D.S.