

GLACIAL SANDS

ORAL · FACIAL · IMPLANT SURGERY



Dr. Sonia Bennett

Oral and Maxillofacial Surgery

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GlacialSandsOMS.com

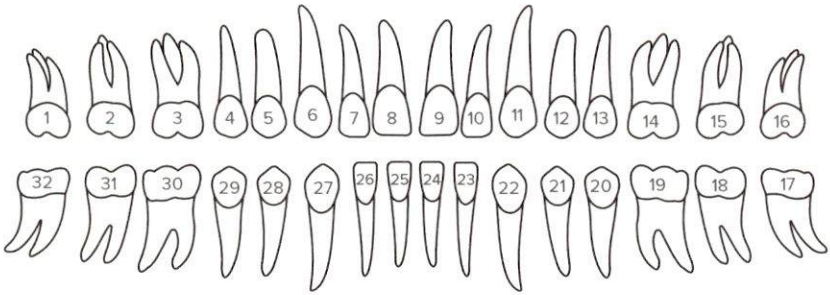
Patient Name: _____

DOB: _____ Phone: _____



☐ Appointment made by referring doctor

Please mark tooth area and write tooth #



Patient is being referred for evaluation of the following:

☐ Extractions #_____

- ☐ Full mouth
- ☐ Wisdom teeth
- ☐ Discuss implants / bone grafting
- ☐ Socket preservation

☐ Dental Implants

#_____

- ☐ Full Arch (All on 4)
- ☐ Ridge augmentation
- ☐ Sinus lift
- ☐ Soft tissue grafting
- ☐ Expose / Bond #_____
- ☐ Alveoloplasty
- ☐ Tori / Exostosis removal
- ☐ Pathology / Biopsy
- ☐ Dentoalveolar Trauma
- ☐ Frenectomy
- ☐ Other Consultation
- ☐ Orthognathic
- ☐ Cosmetic
- ☐ TMJ
- ☐ Sleep Apnea

Remarks: _____

☐ Please call me before proceeding with treatment

Referred By:

Date: _____

Radiographs:

☐ Sent Electronically to **info@glacialsandsoms.com**

☐ Take X-Ray



Scan The QR Code

for patient forms and surgical instructions:

If you are scheduled for intravenous anesthetic, DO NOT EAT or DRINK anything for 8 hours before your appointment and bring someone to drive you home.