

# Portland Oral and Maxillofacial Surgery

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1250 Forest Ave.  
Portland ME, 04103

## Please Bring This Referral Slip to Your Appointment

Introducing: \_\_\_\_\_ DOB: \_\_\_\_\_

Radiographs:     Mailed in Advance     Sent With Patient    Date of Radiograph: \_\_\_\_\_

Please take new Radiographs

**Please Evaluate:** PERMANENT

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

DECIDUOUS

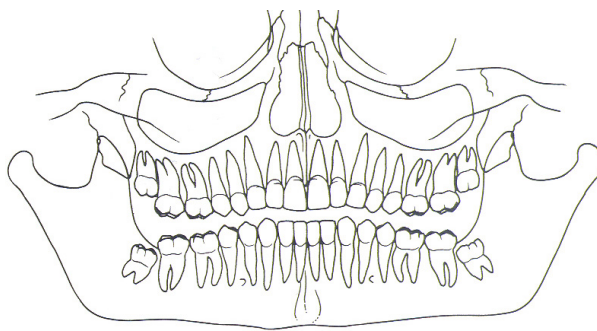
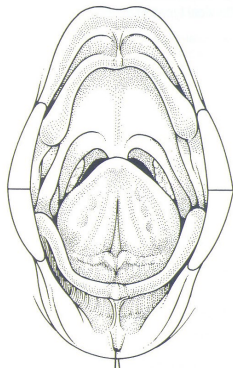
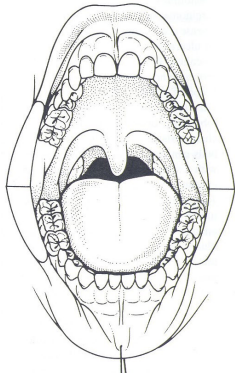
- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Exposure/ Bond Bracket     | <input type="checkbox"/> Lesion/Biopsy Evaluation |
| <input type="checkbox"/> Extractions  | <input type="checkbox"/> Implant/Bone Graft Consult | <input type="checkbox"/> Other Consultation       |

Other/Specific Instructions: \_\_\_\_\_

Indications for Treatment: \_\_\_\_\_

Right

Left



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

Date: \_\_\_\_\_

### Patient Instructions

- If it becomes necessary to cancel this appointment, we require 48 hours notice.
- Please bring a list of all medication you are taking and the names of any treating physicians.
- Please bring any dental and medical insurance information you may have.
- Patients under 18 years of age must be accompanied by a parent/guardian.

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