

REFERRAL FORM

Commonwealth oral & facial surgery

Referred by Dentists | Preferred by Patients

Information and Appointments
(804) 354-1600
Email: referrals@commonwealthofs.com
Fax: (804) 354-1607

Referring Doctor: Thank you for your referral. Please fill out this form and submit online, email or send with patient.

Referred by: _____ Date: _____

Phone: _____ Email: _____

Patient to See:

- Dr. Mike Miller Dr. Tom Eschenroeder Dr. Greg Zoghby Dr. Jeff Cyr
 Dr. Drew Ferguson Dr. Ammar Sarraf Dr. Charlie Boxx First Available

Office Locations:

- Patterson @Parham Road Westerre Commons near Broad & Cox Midlothian/ Bon Air Brandermill
8503 Patterson Avenue, #A 3811 Westerre Parkway, Suite A 1807 Huguenot Road, Suite 120 5942 Harbour Park Drive
Richmond, VA 23229 Henrico, VA 23233 Midlothian, VA 23113 Midlothian, VA 23112

Patient Name: _____ DOB ___/___/___ Sex: Male Female

Phone Number: _____ Email Address: _____

Appointment Date: _____ Time: _____

Oral Surgery Procedure:

- Wisdom Teeth
 Extraction(s), teeth# _____
 With Socket Grafting With Immediate Implant
 Dental Implant(s), teeth # _____
Implant Preference: _____
 Intraoral Scan Shade _____
 Full Arch Implant Evaluation
 Biopsy Apicoectomy Frenectomy
 Exposure Bracket, teeth # _____
 Orthognathic Evaluation TMJ Evaluation
 Other/Comments: _____

Please verify teeth for treatment (check boxes):



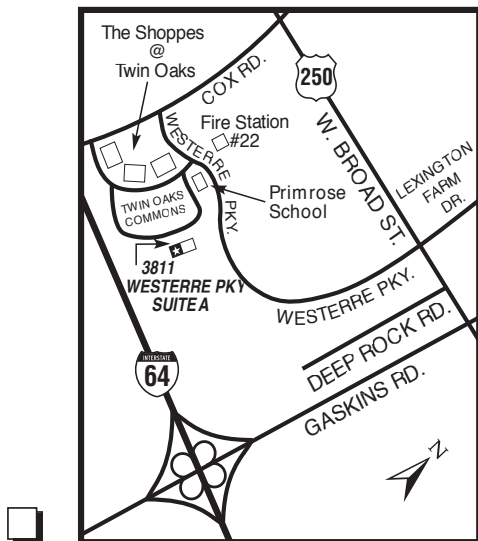
Radiographs:

- Pano Date Taken _____
 PA Date Taken _____ Tooth # _____
 Cone Beam CT Scan Date of Scan _____
 CD USB
 Attached to this referral form
 Emailed to referrals@commonwealthofs.com
 Sent in mail to _____ office
 Given to Patient
 Please take x-ray

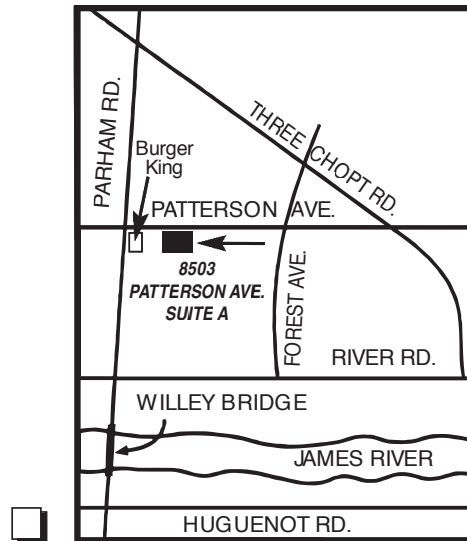
Instructions to patient: You have been referred to an Oral Surgeon for specialized care and our office will make every effort to make your visit with us a comfortable experience. If you cannot make your appointment, please call us at least two business days in advance.

Please provide the following information at the time of your appointment:

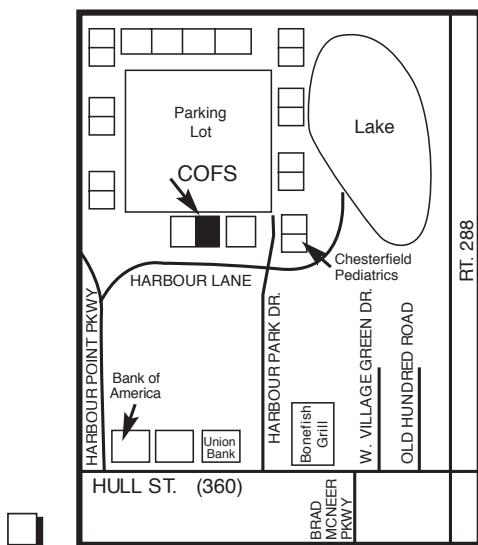
- The referral form from your dentist and diagnostic “x-rays”. If your x-ray(s) are being sent to our office, please call us 1-2 days before your appointment to confirm their arrival.
- Filling out our patient forms online at www.commonwealthofs.com will expedite your visit.
- If you have medical and/or dental insurance, please bring the cards and appropriate information to your appointment.
- Your initial visit may be for an evaluation only. Timing of treatment will be a decision made between patient and surgeon.
- **If you are under the age of 18, a parent or legal guardian must accompany you to our office.**



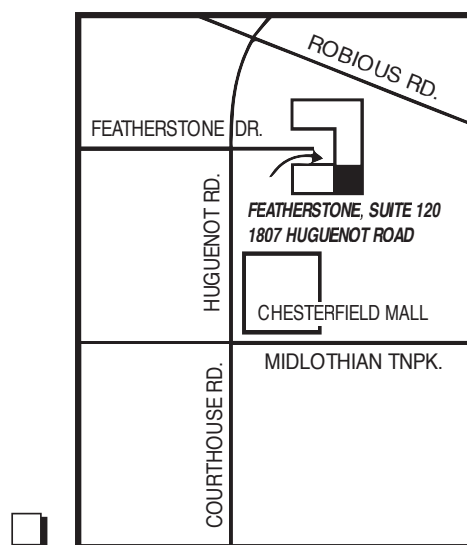
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 3811 Westerre Parkway, Suite A
 Henrico, Virginia 23233



Patterson Office @ Parham Road
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 Henrico, Virginia 23229



Brandermill Office
 5942 Harbour Park Dr.
 Midlothian, Virginia 23112



Midlothian/Bon Air Office
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