PATIENT REFERRAL SLIP

North Suburban Center
Oral & Facial Surgery

Advanced Implant Dentistry

William L. Nickel, DDS
Mark J. Steinberg, DDS, MD
Diplomates, American Board of Oral & Maxillofacial Surgery
Michael J. Nick, DDS

This is to introduce _____

Please indicate necessary treatment below. For removal of:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				A	B	C	D	E	F	G	H	I	J				
R																	**L**
				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	

- ☐ Consultation
- ☐ Panorex x-ray
- ☐ Implant(s)
- ☐ Extraction
- ☐ Nerve Injury
- ☐ Gen. Anesthesia or Sedation
- ☐ Surgical Exposure
- ☐ Orthognathic Surgery
- ☐ Soft Tissue Augmentation
- ☐ Crown Lengthening
- ☐ TMJ
- ☐ Apicoectomy
- ☐ Biopsy
- ☐ Gingival Graft
- ☐ Alveoloplasty
- ☐ Incision & drainage
- ☐ Jaw Cyst/tumor

Comments:

_____

_____

Patient Instructions

If general anesthesia or sedation is requested, please bring a responsible adult with you to drive you home. No food or liquids, including water by mouth at least 6 hours prior to your appointment

Please take your prescription medication with as little water as possible. Avoid Asprin.

Please bring referral slip at time of appointment and x-ray if available.

If you have any questions, please feel free to call us to make an appointment for a consultation.

Referring Doctor's Name_____ Date _____
PRINT NAME

Signature _____

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24 Hour
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(847) 272-9516

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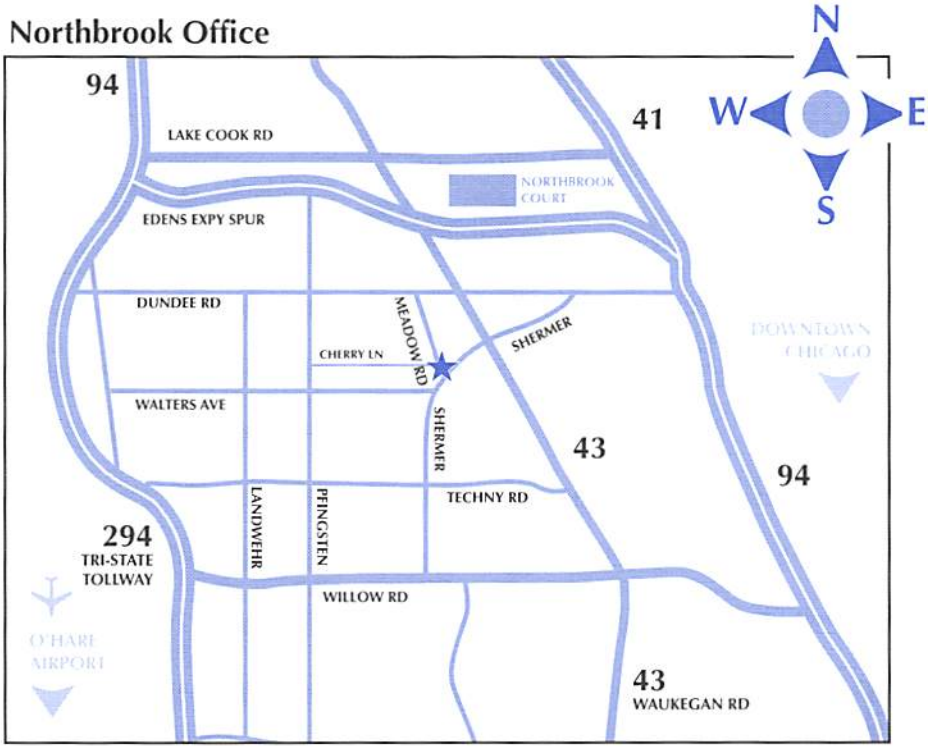
Northbrook Office



Lake Forest Office