PATIENT REFERRAL SLIP



Advanced Implant Dentistry

Mark J. Steinberg, DDS, MD Michael J. Nick, DDS Aaron Figueroa, DDS

Diplomates, American Board of Oral & Maxillofacial Surgery

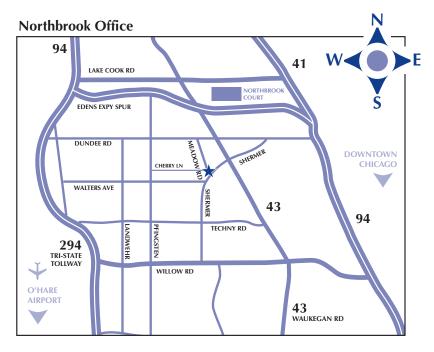
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Consultation Gen. Anesthesia or Sedation Biopsy Panorex x-ray Alveoloplasty Apicoectomy CBCT Crown Lengthening Incision & dr. Implant(s) Botox: TMJ/Cosmetic Jaw Cyst/tum Extraction Surgical Exposure Nerve Injury Soft Tissue Augmentation Gingival Graft Comments:											raina nor									
Referring Doctor's Name								PRINT NAME						Date						
Sig	natur	e																		
1240 Meadow Road Suite 300 Northbrook, Illinois 60062 Phone: (847) 272-9516 Fax: (847) 272-9551								24 Hour Answering Service (847) 272-9516 www.nscoms.com						810 S. Waukegan Road Suite E Lake Forest, IL 60045 Phone: (847) 234-7818 Fax: (847) 234-7814						

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.



Lake Forest Office

