

**WELCOME TO OUR PRACTICE!**  
**WE ARE AN OPIOID FREE PRACTICE**

PLEASE BRING THIS INFORMATION WITH YOU TO YOUR APPOINTMENT

PATIENT NAME: _____	DOB: _____	PTS. PH. NUMBER: _____
REFERRING DR: _____	OFFICE NAME: _____	OFFICE PH.#: _____

- PLEASE CALL PATIENT    
  PATIENT WILL CALL    
  APPOINTMENT HAS BEEN MADE    
  RECORDS HAVE BEEN SENT

**PROCEDURES RECOMMENDED**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> EXTRACTIONS   | <input type="checkbox"/> BIOPSY      | <input type="checkbox"/> DENTAL IMPLANTS |
| <input type="checkbox"/> WISDOM TEETH  | <input type="checkbox"/> ALVEOPLASTY | <input type="checkbox"/> BITELOCK        |
| <input type="checkbox"/> EXPOSE / BOND | <input type="checkbox"/> TMJ         | <input type="checkbox"/> ORTHOGNATHIC    |

OTHER (SPECIFY) \_\_\_\_\_

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

DOCTOR NOTE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOCTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax to our office & provide patient with copy

- IRVING:** 2727 N. O'Connor Rd. - Irving, TX 75062 - (972) 594-7414 **Phone** - (972) 594-1834 **Fax**  
 **ENNIS:** 2200B W. Ennis Ave. - Suite B - Ennis, TX 75119 - (972) 875-7616 **Phone** - (972) 875-7618 **Fax**  
 **MESQUITE:** 2101 N. Belt Line Rd., Suite B - Mesquite, TX 75150 - (972) 270-6617 **Phone** - (972) 270-8381 **Fax**

