

Western University Dental Center Referral Form
Oral Surgery

Please complete the form and fax it to: (909)469-8650. The Dental Center will contact your patient for an appointment. The first appointment cost for most patients is between \$46.00 and \$157.00.

Today's Date: _____

Patient Name: _____

Patient Primary Telephone : _____ Other phone number: _____

Patient Date of Birth: _____

Please indicate which teeth to be extracted: _____

(Place an "X" over the teeth you wish to extract after you print the form)

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			

			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

Other Procedures:

Alveoplasty

Biopsy

Bone Graft

Dental Implant

Comments:

Signature of Referring Dentist: _____