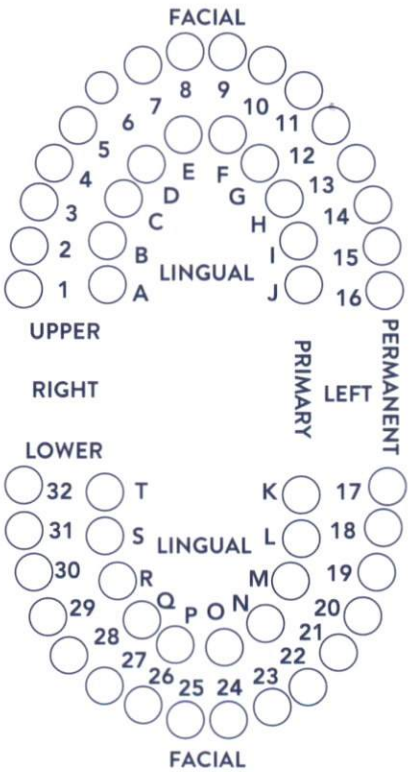
# COLUMBUSOMS
## Oral & Maxillofacial Surgery

☐ **Gregory A. Rekos, DDS, MS** ☐ **Michael B. Border, DDS, MD** ☐ **Victoria R. Vergara, DMD**




PATIENT NAME: _____

DATE: _____

PATIENT DOB: _____

REFERRAL : _____

PATIENT DIAGNOSIS: _____

PROCEDURE / CONSULTATION REQUESTED: _____

_____

_____

REFERRAL COMMENTS (PREFERRED IMPLANT SYSTEM) : _____

_____

_____

**You may email a copy of this form to us along with radiographs and other pertinent information to info@columbusoralsurgery.com.**

**Coming Summer 2026!**

Stay tuned for more details on our Westerville/Polaris Location

ADDITIONAL PROCEDURES & CONSULTATIONS:

3rd Molar Extractions
Dental Implants
All-on-4 Implant Therapy
Bone Grafting Procedures

5155 Bradenton Avenue
Suite 100
Dublin, Ohio 43017

phone (614) 764 9455
fax (614 526 3745

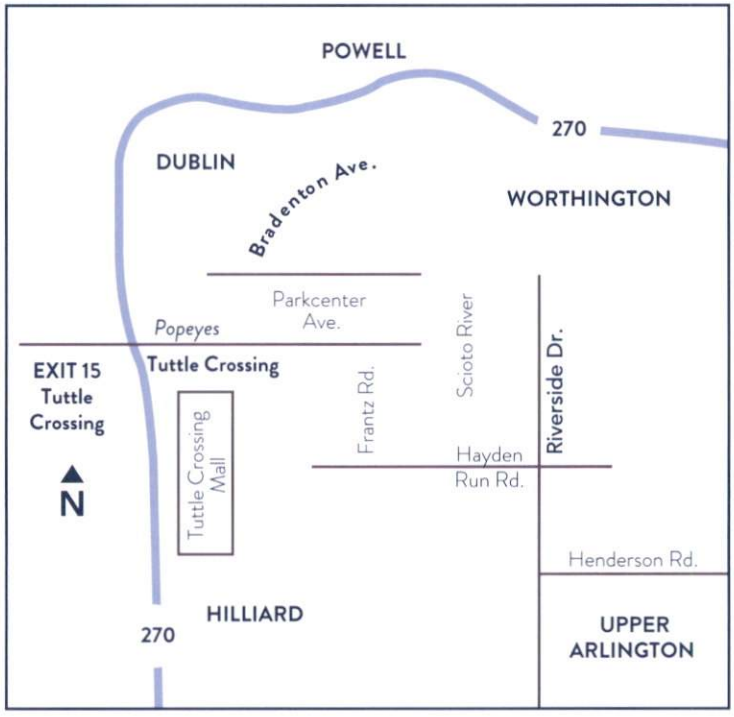
**www.columbusoralsurgery.com**

# CONSULTATION

**Please assist us on the day of your consultation by providing us with the following:**

- Referral slip
- List of current medications
- Current insurance and photo ID card(s)
- Any relevant radiographs (X-ray, CT, MRI)

Any patient under the age of 18 is required to be accompanied by a parent or legal guardian.

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Official Oral Surgeons of the Columbus Blue Jackets