COLUMBUSOMS
Oral & Maxillofacial Surgery

Preferred Location:

❒ Dublin

❒ Polaris

Preferred Provider:

❒ Gregory A. Rekos, DDS, MS

❒ Michael B. Border, DDS, MD

❒ Victoria R. Vergara, DMD

❒ Douglas A. Porr, DMD, MS

PATIENT NAME _____

DATE _____

PATIENT DOB _____

REFERRAL _____

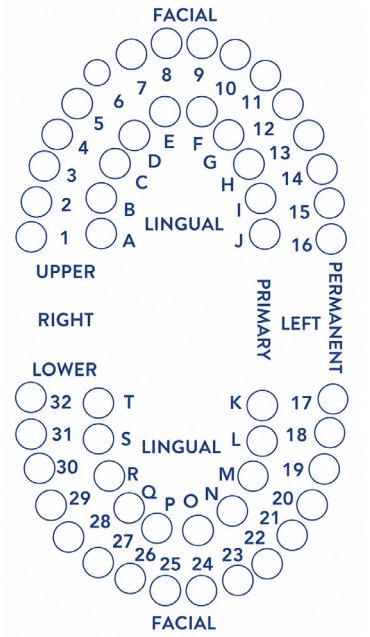
PROCEDURE / CONSULTATION REQUESTED _____

_____

_____

_____

_____



ADDITIONAL PROCEDURES & CONSULTATIONS:

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

You may email a copy of this form, along with the radiographs and any other pertinent information, to the location specific email listed below.

Dublin
5155 Bradenton Avenue
Suite 100
Dublin, Ohio 43017
phone (614) 764-9455
fax (614) 526-3745
Info@columbusoralsurgery.com

Polaris/Westerville
620 Polaris Parkway
Westerville, Ohio 43082
phone (614) 526-3770
fax (614) 526-3771
InfoPolaris@columbusoralsurgery.com

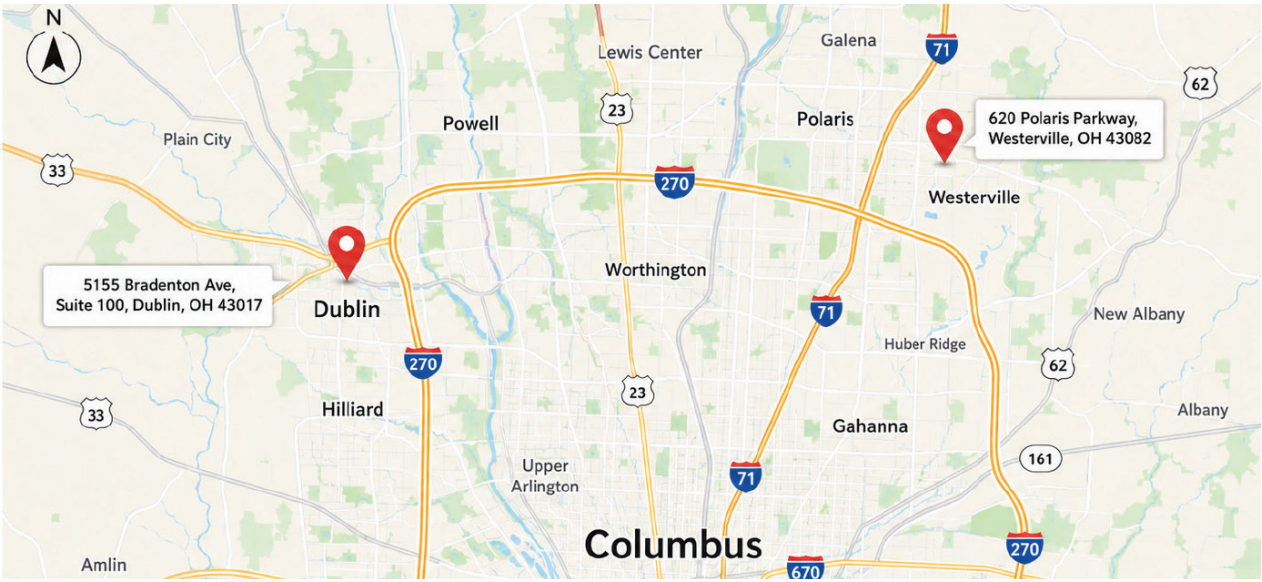
www.columbusoralsurgery.com

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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