

**PROGRESSIVE
IMPLANTOLOGY
PERIODONTICS**

A Healthy Body Starts With A Healthy Mouth

New Patient Information Line:
1.877.585.GUMS (4867)

www.RochesterPerio.com

Andrew T. Bracci, D.M.D.

Geneseo

4186 Lakeville Road
Geneseo, NY 14454

Pittsford

151 Sully's Trail, Suite 1
Pittsford, NY 14534

Webster

1120 Crosspoint Lane, Suite 1
Webster, NY 14580

ORAL SURGERY REFERRAL FORM

Name: _____ Date: _____

Appointment Date: _____ Time: _____ AM / PM

Referred by: _____

X-rays enclosed: _____

PERMANENT

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
RT																		LT
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

PRIMARY

	A	B	C	D	E		F	G	H	I	J	
RT												LT
	T	S	R	Q	P		O	N	M	L	K	

SERVICES REQUESTED: (please check all that apply)

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Extraction(s) | <input type="checkbox"/> Biopsy | <input type="checkbox"/> Third Molar Consult |
| <input type="checkbox"/> Preprosthetic | <input type="checkbox"/> Implant | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Exposure, Bond & Ligate | <input type="checkbox"/> Other | |

Remarks/Pertinent History: _____

- All children under 18 years of age must be accompanied by a legal guardian for consultation and treatment.
- Consultation is required for all patients with cardiac problems and/or taking blood thinners, fosomax or need conscious sedation.
- If any form of sedation is planned (IV sedation, oral medication or nitrous oxide), do not eat or drink for six (6) hours prior to your scheduled appointment.
- In the event you must cancel your appointment, please notify the office at least 72 hours in advance.