

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

Webster
1120 Crosspointe Ln, Suite 1
Webster, NY 14580

Geneseo
4186 Lakeville Rd
Geneseo, NY 14454

Oral Surgery Referral Form

Dr. Andrew T. Bracci, D.M.D.

Referred by: _____ Date: _____

Patient Name: _____

Home: () _____ Work: () _____

Date of Appointment: _____ Time: _____ AM/PM

X-rays enclosed: _____

PERMANENT

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

PRIMARY

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

SERVICES REQUESTED (Please check all that apply)

- Extraction (s)
- Biopsy
- Third Molar Consult
- Preprosthetic
- Implant
- Frenectomy
- Exposure, Bond & Ligate
- Other

Remarks/Pertinent History: _____

Authorized by: _____ Date: _____

Referring Dentist

- 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/taking blood thinners, fosomax or need conscious sedation.
- In the event you must cancel your appointment, please notify the office at least 72 hours in advance.

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