

# Loeser

## Oral, Maxillofacial & Implant Surgery

109 N Haven Road, Elmhurst, IL 60126  
 630-465-5000 \* Fax: 847-390-0479  
 www.loeserddsmd.com

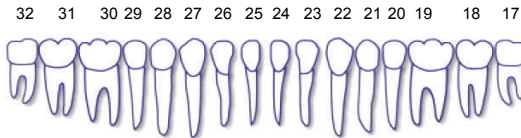
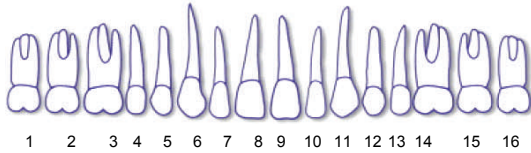
Patient's Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Date \_\_\_\_\_

X-rays given to patient

X-rays emailed:  
 referral@loeserddsmd.com



Extraction

Bone Grafting

Implant: Straumann / Nobel / 3i

Exposure of Unerupted Tooth

Take Panorex / CBCT xray

Infection

Section FPD

Biopsy

Cyst / Tumor

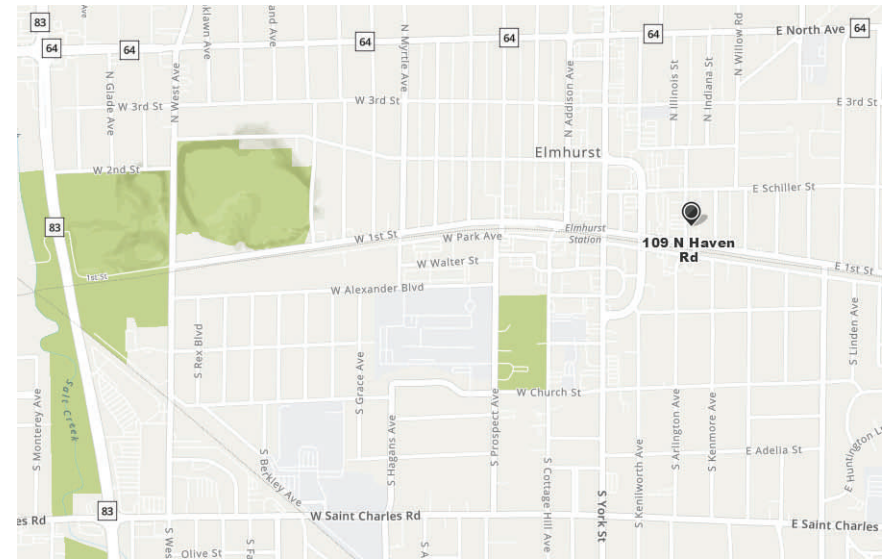
Oral / Facial Trauma

Special instruction or specifics \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Referring Doctor \_\_\_\_\_

### OFFICE MAP



109 N Haven Road • Elmhurst, IL 60126  
 Phone: 630-465.5000 • Fax: 847-390-0479  
 www.loeserddsmd.com

**There is parking on site.**  
**Patient registration is available online.**

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

### PATIENT INSTRUCTIONS

- The day of your appointment please **bring**:
  1. This referral slip.
  2. Current x-rays.
  3. Medical and dental insurance cards.
  4. List of current medications.
  
- Minors must be accompanied by a parent or legal guardian.
- If you are unable to keep your appointment for any reason, please notify the office promptly, so another patient may take your place.
- Payments can be made by credit card, check, or cash. Payment is due at the time services are rendered.