

Loeser

Oral, Maxillofacial & Implant Surgery

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

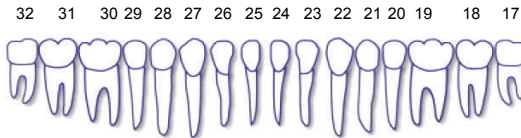
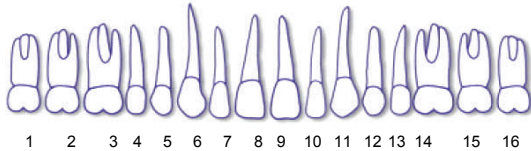
Patient's Name _____

Doctor's Name _____

Date _____

X-rays given to patient

X-rays emailed:
 referral@loeserddsmd.com



Extraction

Bone Grafting / PRP

Implant:

Straumann / Nobel / BioHorizons / 3i

Evaluate Wisdom Tooth / Teeth

Tooth Exposure

Bracket Placement

Section FPD

Crown Lengthening

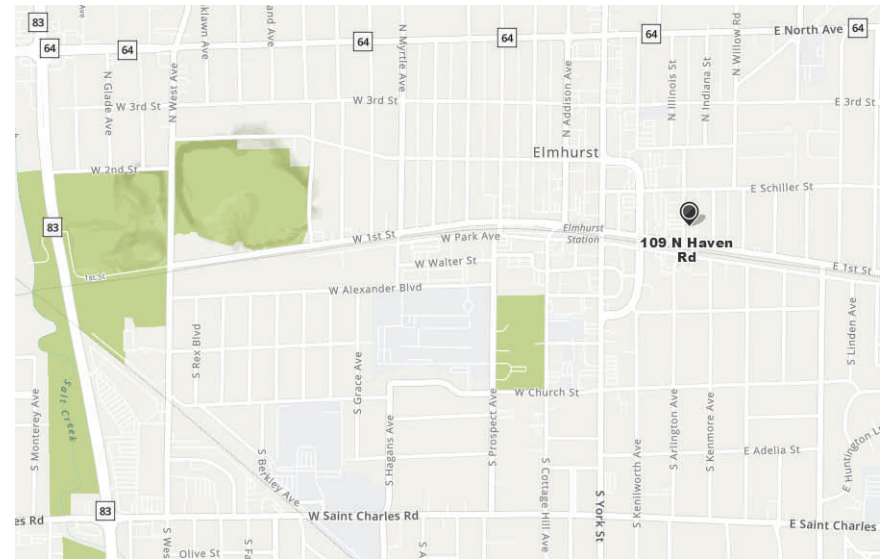
Infection

Pathology / Biopsy

Comments _____

Signature of Referring Doctor _____

OFFICE MAP



109 N Haven Road • Elmhurst, IL 60126
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**Parking is located on the east side of the building. Access via rear alley.
 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.