



Loeser

Oral, Maxillofacial & Implant Surgery

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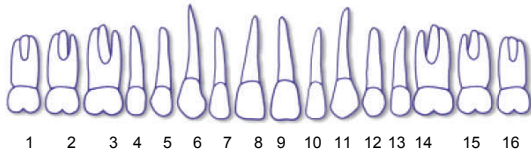
Patient's Name _____

Doctor's Name _____

Date _____

X-rays given to patient

X-rays emailed:
 referral@loeserddsmd.com



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Extraction

Take Panorex / CBCT

Bone Grafting / PRP

Section FPD

Implant:

Infection

Straumann / Nobel / Biohorizons / 3i

Pathology / biopsy

Comments _____

Signature of Referring Doctor _____

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.
- 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.

Appointment Date _____ Time _____