



**James G Loeser, DDS, MD**  
ORAL, MAXILLOFACIAL & IMPLANT SURGERY

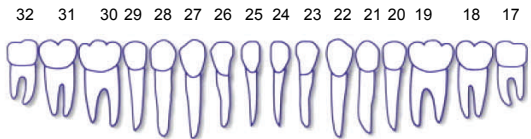
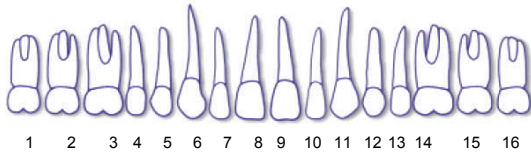
1580 N. Northwest Hwy, Suite 300  
Park Ridge, Illinois 60068  
847-390-8200 • Fax: 847-390-0479  
www.loeserddsmd.com

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

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

Date \_\_\_\_\_

- X-rays mailed
- X-rays given to patient
- X-rays emailed:  
referral@loeserddsmd.com



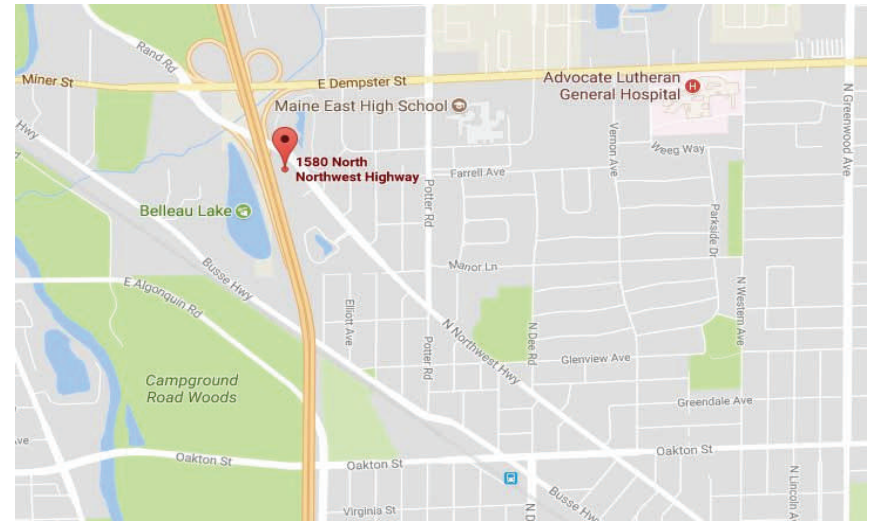
- |  |   |
|--|---|
| <input type="checkbox"/> Extraction                      | <input type="checkbox"/> Infection            |
| <input type="checkbox"/> Bone Grafting                   | <input type="checkbox"/> Section FPD          |
| <input type="checkbox"/> Implant: Straumann / Nobel / 3i | <input type="checkbox"/> Biopsy               |
| <input type="checkbox"/> Exposure of Unerupted Tooth     | <input type="checkbox"/> Cyst / Tumor         |
| <input type="checkbox"/> Take Panorex / CBCT xray        | <input type="checkbox"/> Oral / Facial Trauma |

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

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

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

## OFFICE MAP



1580 N. Northwest Hwy, Suite 300 • Park Ridge, Illinois 60068  
Phone: 847-390-8200 • Fax: 847-390-0479  
www.loeserddsmd.com

**There is plenty of parking on both sides of the building.  
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.