



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

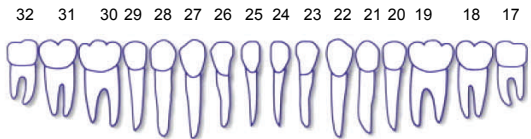
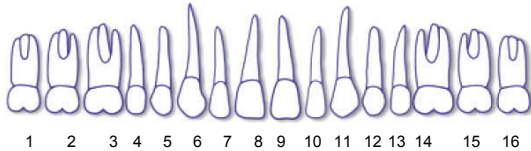
1580 N. Northwest Hwy, Suite 300
Park Ridge, Illinois 60068
847-390-8200 • Fax: 847-390-0479
www.loeserddsmd.com

Patient's Name _____

Doctor's Name _____

Date _____

- X-rays mailed
- X-rays given to patient
- X-rays emailed:
office@parkridgeoralsurgery.com

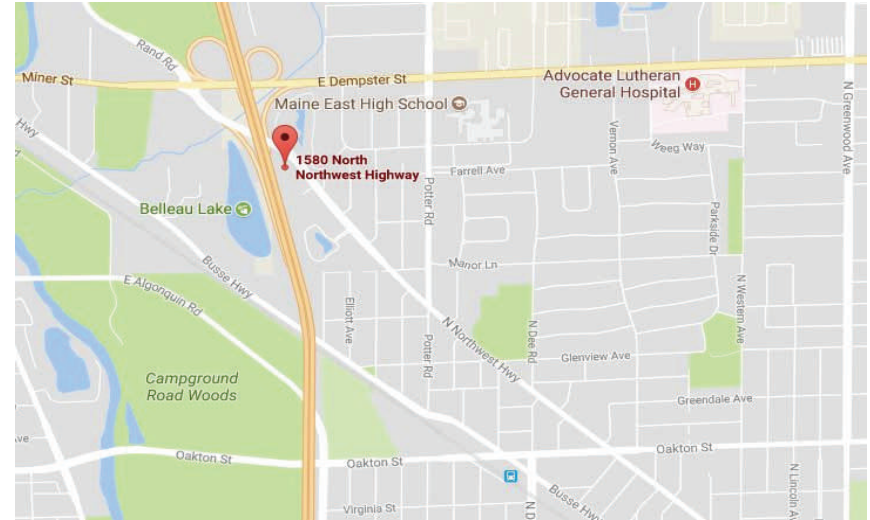


- | | |
|--|---|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Section FPD |
| <input type="checkbox"/> Implant: Straumann / Nobel / 3i | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> Exposure 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
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**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.