

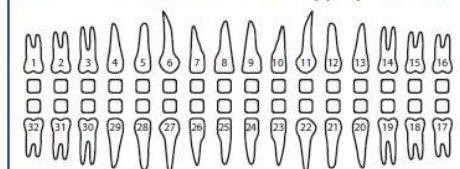
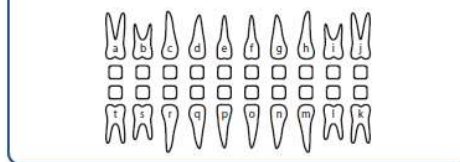
TREATMENT REQUEST

PATIENT INFORMATION

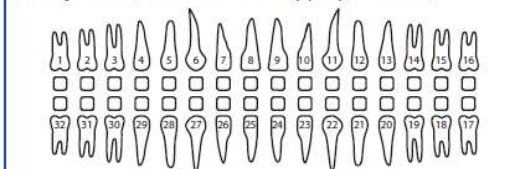
Legal Name			DOB
Phone	Today's Date	Appointment Date	Appointment Time
Referred By	Doctor's Phone		

REFERRED FOR

Extraction (mark an X in the appropriate box)

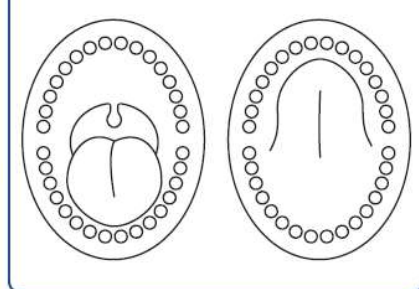
Implants (mark an X in the appropriate box)



Fixed Hybrid Prosthesis (All-on-4)

Type of Implant <input type="checkbox"/> Tissue Level <input type="checkbox"/> Locator Abutment <input type="checkbox"/> Bone Level	Preferred System <input type="checkbox"/> Astra <input type="checkbox"/> Straumann
---	---

Lesion Evaluation
(mark an X in the appropriate area)



COMMENTS

RADIOGRAPHS/PHOTOS

Emailed to XRAY@RHOFS.com
 Mailed Given to Patient None

DOCTOR SIGNATURE

X

(08/2016) FMI

Please scan/email this copy to XRAY@RHOFS.com or fax to 850.523.0831

PATIENT INSTRUCTIONS

Thank you for choosing Red Hills Oral & Facial Surgery! We look forward to meeting you.



Please complete our online registration form at www.RHOFS.com.



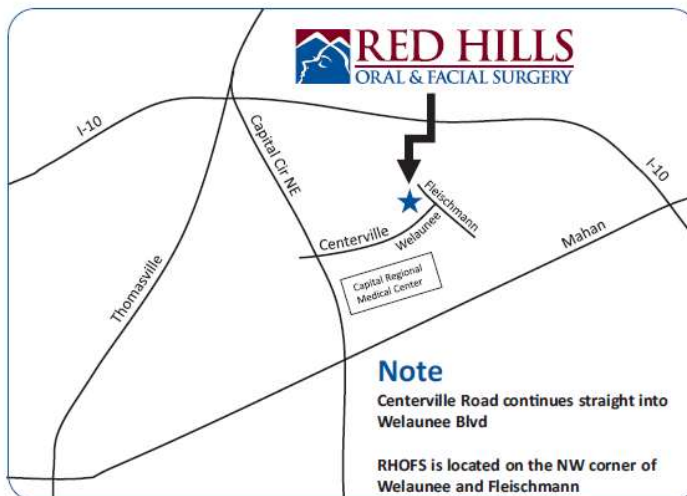
Normally your first visit is a consultation/evaluation visit only.



If it is an emergency and pre-operative consultation is not possible, please have someone accompany you to the office for homeward transportation. No food or liquids should be taken by mouth for 6 hours prior to appointment.



Please bring this treatment request with you. Minors must be accompanied by parent or guardian.



Directions

From I-10 exit Capital Circle NE and go south to Centerville Road. Turn east (left) and go straight 3/4 mile to Fleischmann. U-Turn and take the first right.

From Mahan and Capital Circle NE go north on Capital Circle NE to Centerville Road. Turn east (right) and go straight 3/4 mile to Fleischmann. U-Turn and take the first right.

NOTES
