



ORAL & MAXILLOFACIAL SURGEONS OF NORTHWEST ILLINOIS

WELCOME TO OUR PRACTICE

Please bring this information with you to your appointment.

Patient Name: _____ Today's Date: _____

Patient Phone #: _____ Referring Doctor: _____

Appointment has been made Patient will call Please call patient Records have been sent

As a courtesy to all patients, we file to medical and dental insurance plans.

PROCEDURES RECOMMENDED

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Biopsy | <input type="checkbox"/> Dental Implants |
| <input type="checkbox"/> Exposure | <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> Bitelock |
| <input type="checkbox"/> Bond <input type="checkbox"/> Reposition | <input type="checkbox"/> Tissue/Bone Grafting | <input type="checkbox"/> TADS |
| <input type="checkbox"/> Facial Cosmetic | <input type="checkbox"/> TMJ | <input type="checkbox"/> Orthognathic |

Other (Specify): _____

			A	B	C	D	E		F	G	H	I	J				
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	
			T	S	R	Q	P		O	N	M	L	K				

Doctor Note: _____

Typically, your first visit is a consultation. Please bring a list of all medications you're taking with dosages.



815.938.2774

**208 N. WALNUT AVE
FORRESTON, IL 61030**

**2501 E LINCOLNWAY
STERLING, IL 61081**