



# PRAIRIE

## Oral Surgery

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### PATIENT REFERRAL FORM

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Evaluate for:

Extractions \_\_\_\_\_

Dental Implants \_\_\_\_\_ Pathology \_\_\_\_\_

Preprosthetic Surgery \_\_\_\_\_ Facial Pain \_\_\_\_\_

Other \_\_\_\_\_

Remarks: \_\_\_\_\_

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

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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

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A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Referring Doctor: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patients Referred for General Anesthesia must have:**

1. Nothing to eat or drink past midnight the night prior to your appointment. Exceptions include doctor-prescribed chronic medication taken with minimal water. Please, notify our office before taking.
2. A responsible adult **MUST** accompany you, take you home, and stay with you for at least 6 hours after surgery (you cannot drive or operate machinery for 24 hours; you cannot walk, take a bus, or take a taxi home by yourself).
3. Comfortable clothing should be worn.