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Sherman, Texas 75092

Phone: 903.868.1370
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Email: svanekolboms@cableone.net

ORAL SURGERY CENTER
OF TEXOMA

Steven F. Kolb, DDS, MSD – Todd J. Svane, DDS, MSD

Oral Surgery Evaluation / Treatment Request

Date: _____

Patient: _____ Patient Phone: _____

Birthdate: _____

Referring Doctor: _____

Referred to: (circle one) First Available Doctor Dr. Kolb Dr. Svane

Please evaluate/treat the following:

_____

_____

_____

☐ The patient will call to schedule an appointment.
☐ Please contact the patient to schedule an appointment.

RIGHT			A	B	C	D	E	F	G	H	I	J			LEFT
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			

Radiographs (circle one):

Being mailed

Sending with patient

Please take

E-Mailing

Immediate Denture / Partial?

Yes **No**

Who will be delivering it to our office? (circle one)

Referring office

Lab

Patient

Oral Surgery Center to pickup

Instructions For This Form:

White Copy:

Fax to: 903.893.6028 and keep for your records

Yellow Copy:

Send with patient

Instructions to Patients:

Please bring with you to your appointment:

- This referral slip and any x-rays
- A list of medications you are currently taking
- Medical and dental insurance information

Important Information:

- All patients under 18 years of age must be accompanied by a parent or guardian.
- Please alert our office if you have a medical condition that may be of concern prior to surgery (i.e. diabetes, high blood pressure, artificial heart valves and joints, rheumatic fever, aspirin or blood thinner use).