

2903 N. FM 1417 (Heritage Parkway)
Sherman, Texas 75092
www.osctexoma.com



Phone: 903-868-1370
Fax: 903-893-6028
texomaoms@gmail.com

ORAL SURGERY CENTER OF TEXOMA

Steven F. Kolb, DDS, MSD

Todd J. Svane, DDS, MSD

Andrew V. Evans, DMD

Oral Surgery Evaluation / Treatment Request

Date: _____

Patient: _____ Phone: _____

Birthdate: _____

Referring Doctor: _____

Referred to: (circle one)

First Available Doctor

Dr. Kolb

Dr. Svane

Dr. Evans

Please evaluate / treat the following:

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

RIGHT																	LEFT							
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														

Radiographs?

- ☐ Being mailed ☐ Please take
☐ Sending with patient ☐ E-mailing

Immediate Denture/Partial?

Yes No

- Who will be delivering it to our office?
☐ Referring office ☐ Lab ☐ Patient

Instructions For This Form:

White Copy:

**Fax to: 903-893-6028 and
keep for your records**

Yellow Copy:

Send with patient