



Anthem Center For Oral & Facial Surgery

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Oral & Maxillofacial Surgery

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TODAY'S DATE _____

FROM DR. _____

INTRODUCING _____ AGE _____

TELEPHONE (HOME) _____ (WORK) _____

PLEASE MARK (X) FOR EXTRACTION

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

OTHER SURGERY INSTRUCTIONS

_____ IMPLANT

_____ BIOPSY

_____ TMJ EVALUATION

_____ PRE PROSTHETIC SURGERY

_____ ORTHOGNATHIC SURGERY

_____ APICOECTOMY

REMARKS _____

___ RETURN X-RAY TO OUR OFFICE

___ CALL BEFORE PROCEEDING

___ TAKE X-RAY, RETURN COPY

___ SEND MORE REFERRAL FORMS