



34 Forest Avenue. Cranford, NJ 07016  
(908) 272-3950

*Thank you for your confidence and for the opportunity to assist in your patient's care.*

**Instructions for Referring Doctor:**

1. Please complete the patient information (including the patient's daytime phone number) and instructions for our office.
2. Radiographs and images can be E-mailed to: [Frontdesk@primeoralsurgery.com](mailto:Frontdesk@primeoralsurgery.com)

		A	B	C	D	E	F	G	H	I	J						
PATIENT'S RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	PATIENT'S LEFT
	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						

Extraction    Implant    Orthognathic    CT Scan    Biopsy    Bone Grafting

Patient \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Patient's Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Please Call    Before    After Consult

Images (x-rays)    Given to patient    Mailed    Take new    E-mailed

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

\_\_\_\_\_

\_\_\_\_\_

For additional information and to complete the online patient registration before your first appointment, please visit the patient information page at [primeoralsurgery.com](http://primeoralsurgery.com)

Minors (under 18 years) must be accompanied by an adult.

Under most circumstances the initial appointment will be a consultation only and not surgery.