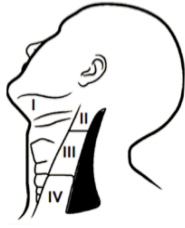


# Oral Surgery & Pathology Referral Form



**Siavash Siv Eftekhari, DMD, M.D.**

255 W Lebanon Rd, Suite 128  
Frisco, TX, 75034

**Phone:** (817) 349-9122

**Fax:** (817) 500-5032



Referring Doctor's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_ City: \_\_\_\_\_

Referring Doctor's Contact #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient's Information:**

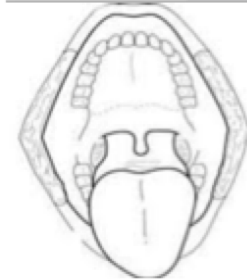
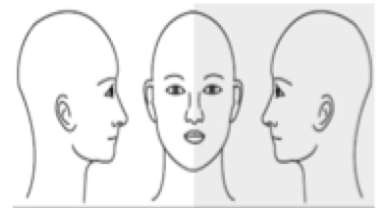
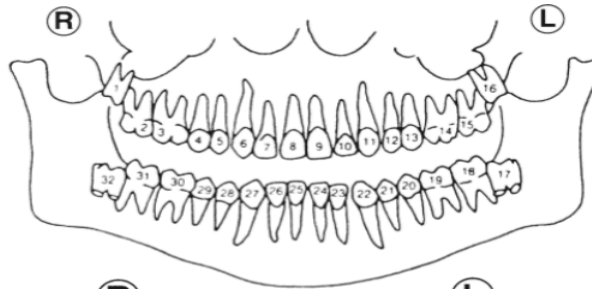
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Is this an **Urgent** Referral? [ ]Yes [ ]No

**Reason for Referral:** \_\_\_\_\_

- Wisdom teeth
- Other Extractions
- Dental Implants
- IV Sedation
- Expose and Bond
- Bone Grafting
- Pre-prosthetic Surgery
- Pathology/Biopsy/Lesions
- Pain
- Infection
- Nerve Injury
- TMJ/Jaw Pathology
- Orthognathic Surgery
- Reconstructive Surgery
- Oral cancer
- Trauma
- Hospital case
- Cosmetics surgery [ ] Other

**PLEASE CIRCLE TEETH / AREA TO BE TREATED**



***Please provide us with any supplemental information such as Patient insurance, Notes, X-rays, Pano imaging, CT scans, pathology or lab reports.***

- \* Dr. Eftekhari accepts most major Medical and Dental Insurances including Medicare.
- \* Same day appointments also available for urgent cases.
- \* We appreciate your referral; we will keep you informed of the status and progress of your patient.

Please Fax this form to:

**Fax:** (817) 500-5032

Or Visit: [www.NextGenOMS.com](http://www.NextGenOMS.com)