

Oral & Maxillofacial Surgery & Pathology Referral Form

Dental Implant Center

NextGen

Oral Maxillofacial & Reconstructive
Surgery Center



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NextGen

Oral & Facial Cancer Specialists

We accept most **Medical and **Dental** Insurances (all PPO's & some HMO's)**

www.NextGenOMS.com

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 & Bond

☐ Bone Grafting

☐ Pre-prosthetic Surgery/Tori removal

☐ Oral Pathology/Lesions/Biopsy

☐ Oral cancer

☐ Face/Neck Pathology/Lesions

☐ Facial / Jaw Pain

☐ Infection

☐ Nerve Injury

☐ TMJ/Jaw Pathology

☐ Orthognathic Surgery

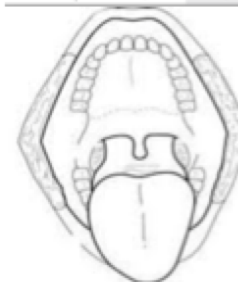
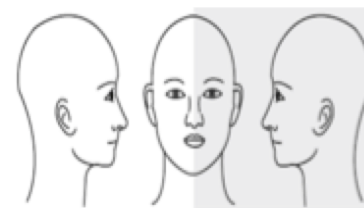
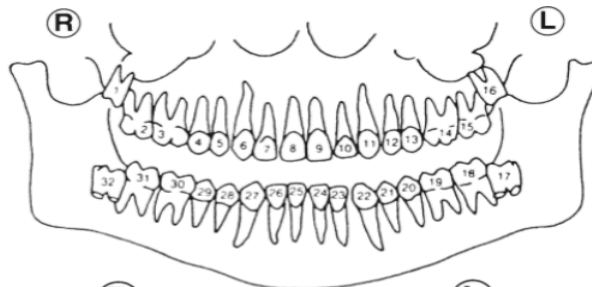
☐ Reconstructive Surgery

☐ Trauma

☐ Cosmetics surgery

☐ Hospital Based case ☐ 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**, and all PPO Dental insurances and Some HMO's.

* Dr. Eftekhari is an experienced Oral & Maxillofacial Surgeon with extensive Fellowship Training in Head & Neck Oncology and Reconstructive Surgery and advanced Implant surgery. We recently opened our new state of the art clinic and surgery center in Frisco, TX.

* Same day appointments also available for urgent cases. **All patients can be seen within a week of referral.**

* We appreciate your referral; we will keep you informed of the status and progress of your patient.

Please Fax or Email this form to:

Please give a copy to the patient

Fax: (817) 500-5032

Email: Office@NextGenOMS.com