*McShane Oral & Maxillofacial Surgery*
*1419 E. Centerton Blvd, Centerton, AR 72719*
*Website: www.mcshaneoms.com*
*Email: referrals@mcshaneoms.com*
*Phone: (479) 224-2361 Fax: (479) 341-8004*

*Matt McShane DDS PLLC*
*Diplomate, American Board of Oral & Maxillofacial Surgery*

**Referring Doctor Information**

Referred By: ______________________ Date: ___________ Office Phone: ___________

**Patient Information**

Patient Name: ____________________________ Birthdate: ______________________

Appointment Date: ________________________ Appointment Time: _______________

Significant Medical History or Allergies: ________________________________________

_______________________________________________________________________

☐ Bisphosphonate Drug History ☐ Patient Requires Antibiotic Prophylaxis

Other Remarks or Suggestions: ____________________________________________

_______________________________________________________________________

☐ X-Rays Emailed ______________________________________________________

**Referred for the Following:**

☐ Removal of Third Molars ______________________

☐ Other Extractions ___________________________

☐ Dental Implants _____________________________

☐ Orthognathic Surgery _________________________

☐ IV Sedation _________________________________

☐ Biopsy / Pathology ___________________________

☐ Exposure / Expose & Bond _____________________

☐ Bone Grafting _______________________________

☐ Alveolar Cleft Reconstruction __________________

☐ Other ______________________________________

Additional Comments: _______________________________________________________

_______________________________________________________________________

_______________________________________________________________________

**CIRCLE TEETH PLANNED FOR REMOVAL:**

| 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 |

| A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| T | S | R | Q | P | O | N | M | L | K |

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