SAM F. KHOURY, D.M.D., Inc.

ORAL AND MAXILLOFACIAL SURGERY

Diplomate, American Board of Oral and Maxillofacial Surgery

3000 Alamo Dr. #206, Vacaville, CA 95687 Telephone (707) 451-1311/ FAX (707) 451-1325

Referral Form

Date _____ Appointment Date/Time _____

Referring Doctor _____ Referring Doctor Telephone _____

Referring Doctor Email _____

Patient Name _____ Age/DOB _____

Patient Phone _____ Insurance _____

Patient Email _____

Current Radiographs: ☐ Sent with Patient ☐ Sent by Mail ☐ NA ☐ Please call referring office to request x-rays ☐ Please Take

Please select the teeth to be extracted:

Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
	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

☐ Consultation/Evaluation ☐ Biopsy ☐ Pre-Prosthetic/Implant

☐ Extractions ☐ Take X-Ray ☐ Other _____

Medical problems/precautions _____

Remarks

Referred by: _____

Referring Dr. Signature _____

Send Referral Slips _____ Ins Max: _____

Ins Used to Date: _____ Oral Surg Coverage _____