

## MAXILLOFACIAL SURGERY REFERRAL

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To access this form on your desktop computer, visit our website: **AbariOrthodontics.com**. Click on the "Referring Doctors" button. Select "Downloadable Patient Referral Form" in the **Oral Surgery Referral section**. Complete and return the downloaded form to **OS@AbariOrthodontics.com** along with any digital photos, x-rays, etc.

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PATIENT/PARENT PREFERRED CONTACT: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

REFERRING DOCTOR'S NAME: \_\_\_\_\_

OFFICE: \_\_\_\_\_

REFERRING DOCTOR'S PHONE: \_\_\_\_\_

DIAGNOSIS AND COMMENTS: \_\_\_\_\_

**UNIVERSAL  
NUMBERING  
SYSTEM**

RIGHT	1	2	3	A	B	C	D	E	F	G	H	I	J				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				

**DIAGNOSTIC SERVICES:**

☐ Consultation

☐ Panorex

☐ CBCT scan

**DENTOALVEOLAR SERVICES:**

☐ Extraction

☐ Alveoloplasty

☐ Biopsy/Pathology

☐ Impaction

☐ Bone Graft

☐ Other \_\_\_\_\_

**ORTHODONTIC SERVICES:**

☐ Exposure

☐ Surgical Uprighting

☐ Extraction

☐ Bracket & Chain

**IMPLANT SERVICES - Nobel system used:**

Implant sites \_\_\_\_\_

**RECONSTRUCTION:**

☐ Socket preservation

☐ Hard tissue

☐ Soft tissue

☐ Sinus Lift



[AbariOrthodontics.com](http://AbariOrthodontics.com)



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To schedule your Oral Surgery Evaluation text or call (909) 599-4000