



CLE
Oral & Maxillofacial
Surgery, Inc.

Bay Village Office
660 Dover Center Road
Bay Village, OH 44140
(440) 899-9280

Norwalk Office
56-D Stower Lane
Norwalk, OH 44857
(419) 660-8109

Iher J. Danko, D.D.S.

PATIENT'S NAME _____

REFERRED BY _____

DATE REFERRED _____

INSURANCE CARRIER _____

INSURANCE ADDRESS _____

PLEASE INDICATE TREATMENT OR CONSULTATION DESIRED:

UPPER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
A B C D E								F G H I J									
R																	L
T S R Q P								O N M L K									
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

LOWER

- | | |
|--|--|
| <input type="checkbox"/> CONSULTATION | <input type="checkbox"/> TUBEROSITY REDUCTION |
| <input type="checkbox"/> EXTRACTION | <input type="checkbox"/> REMOVAL OF TORUS |
| <input type="checkbox"/> IMPACTION | <input type="checkbox"/> EXPOSURE OF UNERUPTED TOOTH |
| <input type="checkbox"/> BIOPSY | <input type="checkbox"/> SINUS REPAIR |
| <input type="checkbox"/> ALVEOPLASTY | <input type="checkbox"/> DENTAL IMPLANT |
| <input type="checkbox"/> APICOECTOMY & ROOT CANAL
OR RETROGRADE | <input type="checkbox"/> TMJ EVALUATION - SURGERY |
| <input type="checkbox"/> ENUCLEATION OF CYST | <input type="checkbox"/> EXPOSURE OF UNERUPTED TOOTH |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> SINUS REPAIR |

COMMENTS: _____

TOP COPY - REFERRING DOCTORS FILE

BOTTOM COPY - PATIENT COPY

OFFICE LOCATIONS

Norwalk

56-D Stower Lane
Norwalk, OH 44857
(419) 660-8109

Bay Village

660 Dover Center Road
Bay Village, OH 44140
(440) 899-9280

