



Suburban Oral & Maxillofacial Surgery Associates PC

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Diplomate, American Board of Oral & Maxillofacial Surgery

Date _____ Patient _____

I am referring my patient for the following treatments(s) (please check all that may apply):

- Implant Dentistry Consult (location) _____
- Bone Graft Consult (location) _____
- Orthodontic Tooth Exposure(s) _____ Bonding Y N
- Evaluation of Lesion (location) _____
- Hard / Soft Tissue Surgery _____
- Evaluation of Trauma (location) _____

Extraction(s)

A	B	C	D	E	F	G	H	I	J	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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

Referring Doctor _____ Phone _____

Important Information for Patients

1. Please note that most cases require separate appointments for consultation & surgery.
2. Minors (under 18) must be accompanied by a parent or court-appointed legal guardian with documentation to allow a consultation and/or any surgical treatment to be performed.
3. Please bring this slip and any x-rays provided by your dentist along with your medical & dental insurance cards to your consultation appointment. Please arrive 15 minutes early, so that you may have time to fill out our office forms.
4. Certain conditions are considered medical in nature and may need to be billed to your medical insurance rather than to your dental insurance. Many medical insurance contracts no longer require a written referral from your primary care physician to see a specialist. If a referral is still required by your insurance contract, please make sure that one has been completed by your physician's office prior to your medical consultation and/or treatment.
5. If you must cancel your appointment, please call at least 24 hours ahead to reschedule. Be advised that due to heavy volume at our office, it may take several weeks to be rescheduled.