

SONOMA

SONOMA ORAL & FACIAL SURGERY

Peter Spanganberg, D.D.S.

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www.sonomafacialsurgery.com

In our effort to provide better patient service, please advise the patient that in most cases they may come immediately to our office for an x-ray and to initiate the insurance pre-authorization process. Please fax or mail this form to our office. Thank you!

INTRODUCING: _____ REFERRAL IS THE COURTESY OF: _____

TODAY'S DATE: ___/___/___ PATIENT ADDRESS: _____

BIRTHDATE: ___/___/___ GENDER: _____ CONTACT PHONE: _____

Teeth # or area to be treated _____

Procedure(s) Requested

- | | |
|--|--|
| <input type="checkbox"/> extraction(s) | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> would you like us to discuss:
implants or bone grafting? | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Biopsy / Excision | <input type="checkbox"/> Exposure / Bond |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Incision / Drainage |

Consultation(s) Requested

- | | |
|--|---|
| <input type="checkbox"/> Dental implants | <input type="checkbox"/> Bone grafting |
| <input type="checkbox"/> Orthognathic evaluation | <input type="checkbox"/> Soft tissue grafting |
| <input type="checkbox"/> Reconstructive facial surgery | <input type="checkbox"/> Sleep apnea / snoring |
| <input type="checkbox"/> Facial aesthetic surgery | <input type="checkbox"/> Skin care / lesions |
| <input type="checkbox"/> Scar revisions | <input type="checkbox"/> Facial Trauma |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> TMJ Pain & Dysfunction |

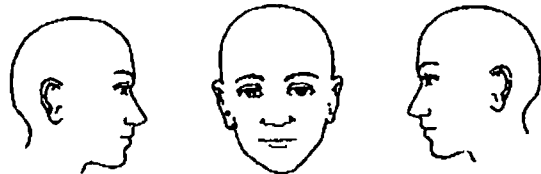
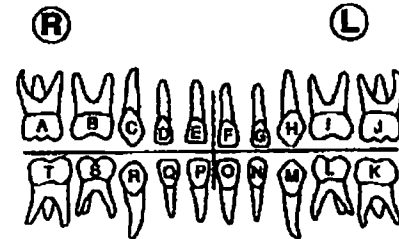
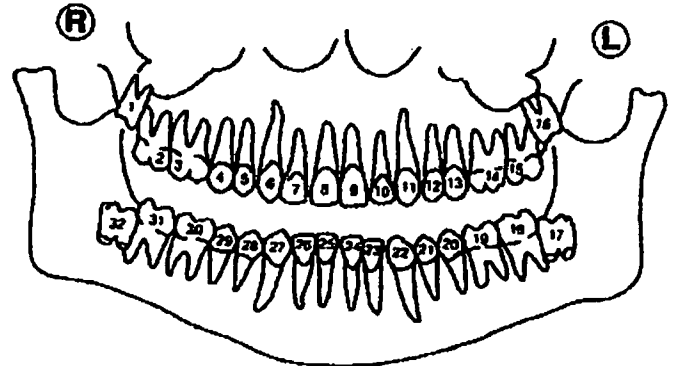
Radiograph Requests

- Enclosed Given to patient Please take new ones

Management, Medical or Treatment concerns

Need more referrals

PLEASE CIRCLE TEETH/AREA TO BE TREATED



White copy for Dr. Spanganberg • Yellow copy for Referring Office • Pink copy for Patient

TO OUR VALUED PATIENTS: *Your appointment* is time specially reserved for you. If you cannot keep your appointment, please inform the office one day in advance so the time may be given to another patient. For new patients, we also ask that you arrive 15minutes prior to your scheduled appointment in order to register. You may also pre-register online at www.sonomafacialsurgery.com

For patients with consultation appointments:

1. If your doctor is sending X rays, please arrange for them to be here at the time of your appointment.
2. If you are taking medicine or herbal substances of *any* kind, please bring them with you or prepare a list.
3. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of consultation or surgery.

Our office is located on the below map Our office staff will gladly provide additional directions for your travel to our office, and information on local accommodations. Parking is available at the office.

