LAKES
oral&maxillofacialsurgery p.c.

JEFFREY S. COHEN, D.D.S. DEVONN E. ISRAIL, D.D.S.

REFERRAL REQUEST

Patient name: _____ Date: _____

History: _____

_____

SERVICES REQUESTED:

__ Consultation	__ Impaction	__ Pre-Prosthetic Surgery
__ Infection	__ Implant	__ Surgical Exposure
__ Alveoplasty	__ Panorex X-ray	__ Orthognathic Surgery
__ Biopsy	__ X-rays mailed	__ IV Sedation
__ Extraction	__ X-rays given to patient	__ Local Anesthesia

__ Other _____

RIGHT LEFT

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

ADDITIONAL COMMENTS: _____

_____

_____

_____

Referred by Dr. _____ Phone: _____

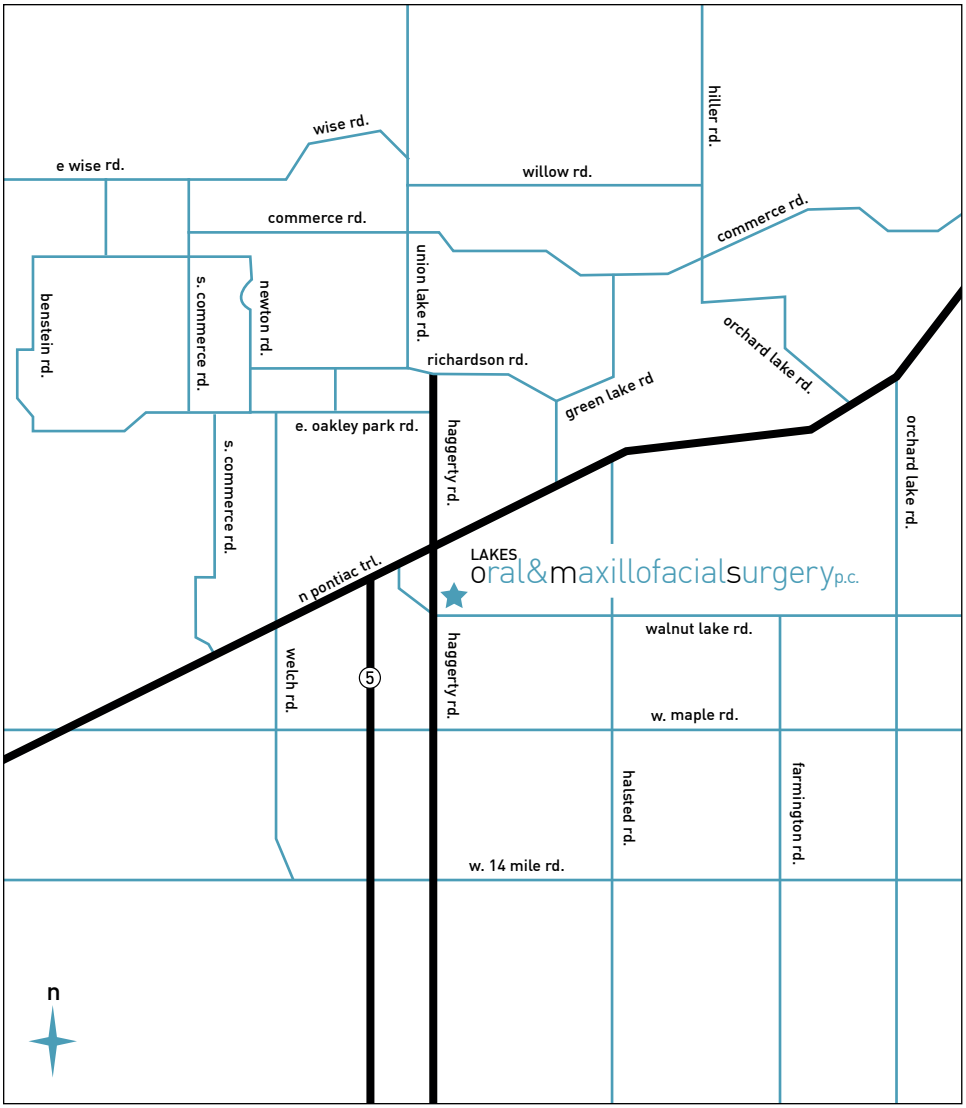
APPOINTMENT REQUEST (please confirm or reschedule)

Date: _____ Time: _____

JEFFREY S. COHEN, D.D.S.
DIPLOMATE, AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY

DEVONN E. ISRAIL, D.D.S.
DIPLOMATE, AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY

2300 HAGGERTY ROAD suite 2030
WEST BLOOMFIELD, MI 48323
T 248.669.6600
F 248.669.6606
E office@lakesoralsurgery.com



SPECIAL INSTRUCTIONS FOR IV SEDATION OR GENERAL ANESTHESIA:

Please have nothing to eat or drink at least 6 hours before surgery unless otherwise instructed.
Take any necessary medications with a sip of water only.

Must be accompanied and driven by a responsible adult.

LAKES
oral&maxillofacialsurgeryp.c.
JEFFREY S. COHEN, D.D.S. DEVONN E. ISRAIL, D.D.S.

2300 HAGGERTY ROAD suite 2030
WEST BLOOMFIELD, MI 48323
T 248.669.6600
F 248.669.6606
E office@lakesoralsurgery.com