



Armitage Oral Surgery

Oral & Maxillofacial Surgery

Date of Referral

Patient Name

Reason for Referral

CIRCLE TEETH TO BE TREATED

| Right | | | | | | | | Left | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | | | | | | | | | | | | | | | | | | |

- Implants
- Pathology
- Dentoalveolar Surgery
- Extractions
- X-rays / CT
- Reconstructive Surgery

Dr. Request Call YES NO

Referring Doctor's information

Doctor's Name

Doctor's Signature

Doctor's Phone #

WWW.ARMITAGEORALSURGERY.COM

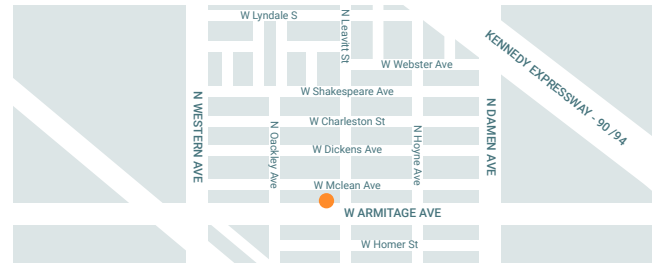
Dr. Firas F Katabi

Oral & Maxillofacial Surgery

Diplomate, American Board of Oral & Maxillofacial Surgery

National Dental Board of Anesthesiology

American Board of Oral Implantology/Implant Dentistry



2220 W Armitage Ave • Chicago IL 60647

773.486.2220

- **If you must cancel your appointment, please notify us at your earliest convenience**
- **Please arrive 15 min prior to your first appointment to complete registration forms**
- **Minors must be accompanied by a parent/legal guardian**
- **Patients having IV anesthesia:**
 - Do not eat or drink for six hours before scheduled appointment. (Includes candy, gum & water)
 - A responsible adult must accompany you and remain in our office during your procedure and must also be able to take you home
 - Wear loose fitting clothing with short or loose sleeves
 - Do Not wear contact lenses