



michael s. scherer, D.D.S., M.D.

WHEATON ORAL SURGERY and IMPLANT CENTER

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www.wheatonoralsurgery.com

info@wheatonoms.com

Introducing: _____

Date: _____

Referred By Doctor: _____

Comments: _____

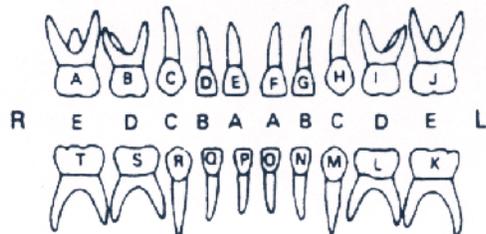
Recent Radiographs: Attached Mailed E-Mailed Required

Please Call After Seeing The Patient: Yes No Telephone #: _____

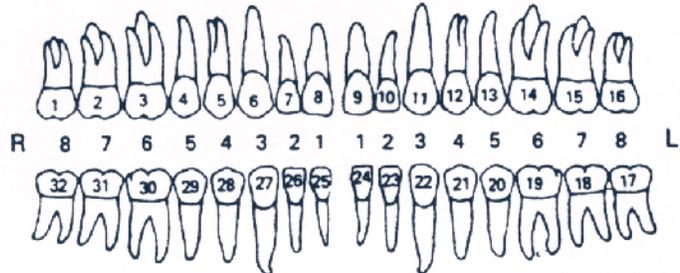
Reason For Referral: Emergency Implants Pathology Dental Implants
 Extraction Consultation Pre-Prosthetic Surgery

Anesthetic Options: Local Nitrous Oral Sedation IV Sedation General Anesthetic

Deciduous



Permanent





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Remember to bring . . .

- This referral slip
- X-rays
- Insurance cards
- List of medications
- New patient paperwork

