



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

WHEATON ORAL SURGERY and IMPLANT CENTER

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Tel 630-364-2888 • Fax 630-364-2930

www.wheatonoralsurgery.com

info@wheatonoms.com

Introducing: _____

Date: _____

Referred By Doctor: _____

Comments: _____

Recent Radiographs: ☐ Attached ☐ Mailed ☐ E-Mailed ☐ Required

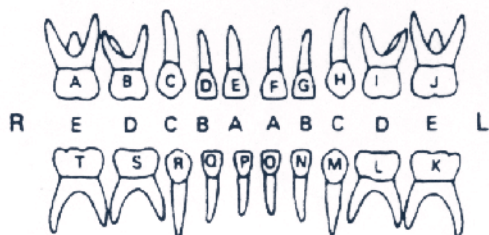
Please Call After Seeing The Patient: ☐ Yes ☐ No Telephone #: _____

Reason For Referral: ☐ Emergency Implants ☐ Pathology ☐ Dental Implants

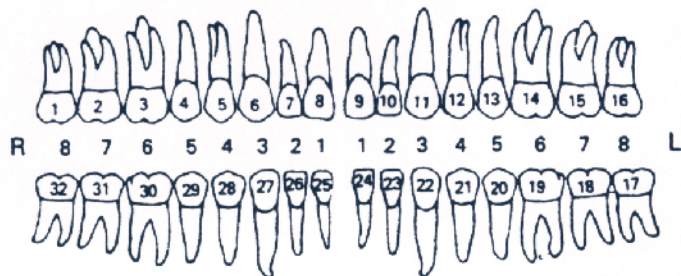
☐ Extraction Consultation ☐ Pre-Prosthetic Surgery

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

