

REFERRAL FORM

Commonwealth oral & facial surgery

Referred by Dentists | Preferred by Patients

Information and Appointments
(804) 354-1600
Email: referrals@commonwealthofs.com

Patient Name: _____ DOB: _____ Sex: Male Female

Phone Number: _____ Email: _____

Appointment Date: _____ Time: _____

Referring Doctor: Thank you for your referral. Please fill out this form and submit online, email or send with patient.

Referred by: _____ Date: 08/26/2021

Phone: _____ Email: _____

Patient to See:

- Dr. Mike Miller Dr. Greg Zoghby Dr. Jeff Cyr Dr. Drew Ferguson First Available
 Dr. Ammar Sarraf Dr. Charlie Boxx Dr. Lauren Kaplan Dr. Nick Broccoli

Office Locations:

- Brandermill
5942 Harbour Park Dr.
Midlothian, VA 23112
- Chester
12220 Iron Bridge Rd.
Suite B
Chester, VA 23831
- Midlothian/ Bon Air
1807 Huguenot Rd.
Suite 120
Midlothian, VA 23113
- Patterson @Parham Road
8503 Patterson Ave., #A
Richmond, VA 23229
- Westerre Commons
near Broad & Cox
3811 Westerre Pkwy
Suite A
Henrico, VA 23233

Please verify teeth for treatment (check boxes):



Oral Surgery Procedure:

- Wisdom Teeth
- Extraction(s), teeth# _____
- With Socket Grafting With Immediate Implant
- Dental Implant(s), teeth # _____
Implant Preference: _____
- Intraoral Scan
- Full Arch Implant Evaluation
- Biopsy Apicoectomy Frenectomy
- Exposure Bracket, teeth # _____
- Orthognathic Evaluation TMJ Evaluation
- Other/Comments: _____

Radiographs: As providers of oral & maxillofacial surgery, we take our own x-rays on every patient for diagnostic purposes and treatment planning. COFS will provide a copy of x-rays, if requested below. If needed for diagnostics, our team may request any past x-rays.

Please provide the date taken of most recent x-rays.

*Panorex Date: _____

*PA Date: _____ Tooth #: _____

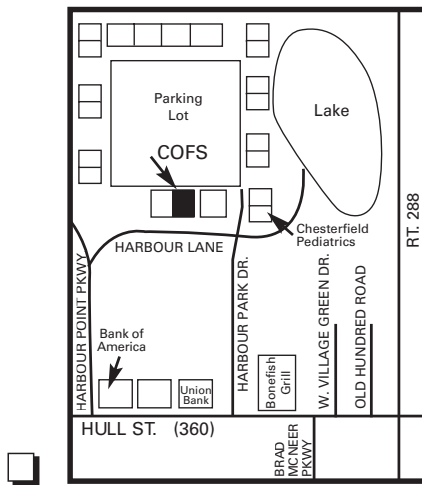
*Cone Beam CT Scan Date: _____

X-ray emailed to referrals@commonwealthofs.com (OPTIONAL)

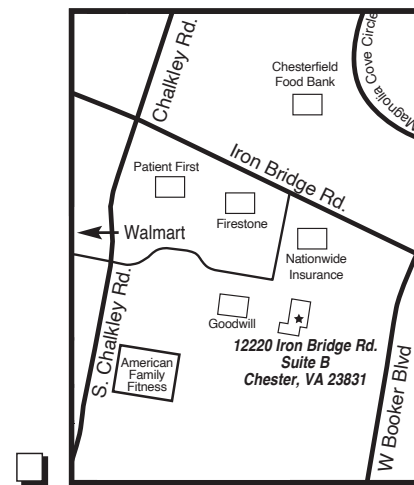
Please send/forward copy of COFS x-ray to us
@ _____

Note to patient: You have been referred to an Oral Surgeon for specialized care and our office will make every effort to make your visit with us a comfortable experience. If you cannot make your appointment, please call us at least two business days in advance.

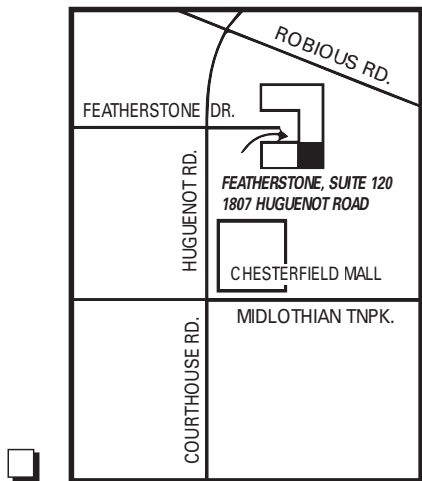
- Please bring any referral or treatment letters from your dentist.
- Filling out our patient forms online at www.commonwealthofs.com will expedite your visit.
- If you have medical and/or dental insurance, please bring the cards and appropriate information to your appointment.
- This initial appointment will consist of an assessment of your medical health history and a consultation explaining your diagnosis, treatment and anesthesia options. Any surgical procedures will be scheduled on a separate date and time.
- **If you are under the age of 18, a parent or legal guardian must accompany you to our office.**



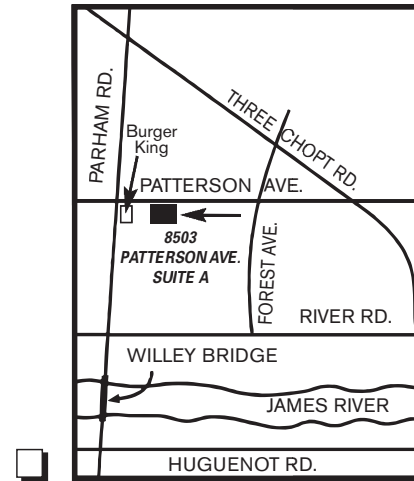
Brandermill Office
 5942 Harbour Park Dr.
 Midlothian, Virginia 23112



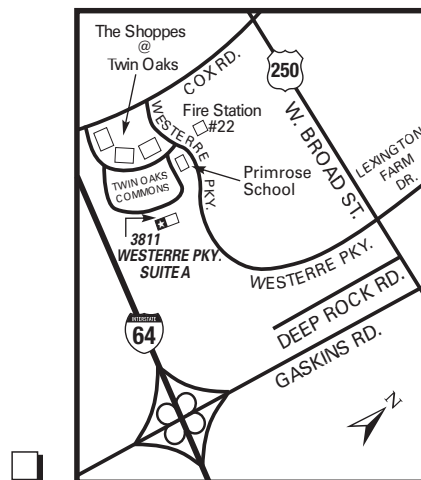
Chester
 12220 Iron Bridge Rd., Suite B
 Chester, Virginia 23831



Midlothian/Bon Air Office
 1807 Huguenot Rd., Suite 120
 Midlothian, Virginia 23113



Patterson Office @ Parham Road
 8503 Patterson Avenue, Suite A
 Henrico, Virginia 23229



Westerre Commons Office near Broad & Cox
 3811 Westerre Parkway, Suite A
 Henrico, Virginia 23233