REFERRAL FORM

Commonwealth oral & facial surgery

Referred by Dentists | Preferred by Patients

Information & 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:_____

Practice Name:_____ Address/Location:_____ (if multiple offices)

Phone:_____ Email:_____

Patient to See:

❑ Dr. Greg Zoghby ❑ Dr. Jeff Cyr ❑ Dr. Drew Ferguson ❑ Dr. Ammar Sarraf ❑ Dr. Charlie Boxx

❑ Dr. Lauren Kaplan ❑ Dr. Nick Broccoli ❑ Dr. Sean Eccles ❑ Dr. Vickas Agarwal ❑ First Available

Office Locations:

❑ Brandermill
5942 Harbour Park Dr.
Midlothian, VA 23112

❑ Chester
12220 Iron Bridge Rd.
Suite B
Chester, VA 23831

❑ Mechanicsville
7009 Lee Park Rd.
Mechanicsville, VA 23111

❑ Midlothian/ Bon Air
1807 Huguenot Rd.
Suite 120
Midlothian, VA 23113

❑ Patterson
@Parham Road
8503 Patterson Ave., #A
Henrico, VA 23229

❑ Westerre Commons
near Broad & Cox
3811 Westerre Pkwy, #A
Henrico, VA 23233

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: _____

_____

_____

_____

Please verify teeth for treatment (check boxes):

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.**