

Date: ____/____/____ ☐ Dr. Cameron J. Walsh ☐ Dr. Stefan Vila ☐ Dr. Kevin M. Sims

Referral By: _____ Office Phone: _____

Patient's Name: _____ Patient's Phone: _____

Patient's DOB: ____/____/____ Preferred Language: ☐ English ☐ Spanish

☐ Other: _____

I REFERRING FOR

- | | | |
|--|---|--------------------------------|
| ☐ Third Molar Extraction | ☐ Gingival Recontouring | ☐ Implants |
| ☐ Full Arch Implants / Prosthetics | ☐ Soft Tissue Grafting | ☐ Biopsy |
| ☐ Orthodontic Exposure & Bracket | ☐ Periodontal Surgery | ☐ Other: |
| ☐ Pre-Prosthetic/Crown lengthening | ☐ Extraction | _____ |

I RADIOGRAPHS

- ☐ Being Mailed
- ☐ Being Emailed
- ☐ Being Faxed
- ☐ Patient Carrying

								A	B	C	D	E	F	G	H	I	J				
R	1	2	3	4	5	6	7	8					9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25					24	23	22	21	20	19	18	17	
				T	S	R	Q	P					O	N	M	L	K				

PLEASE CIRCLE THE TEETH INDICATED
FOR CONSULT OR TREATMENT

I NOTES / SPECIAL INSTRUCTIONS



I LOCATIONS

● 5750 BENTLEY WAY
TRUSSVILLE, AL 35173
P (205) 900-9473
F (205) 729-7222
TRUSSVILLE@WALSHORALSURGERY.COM

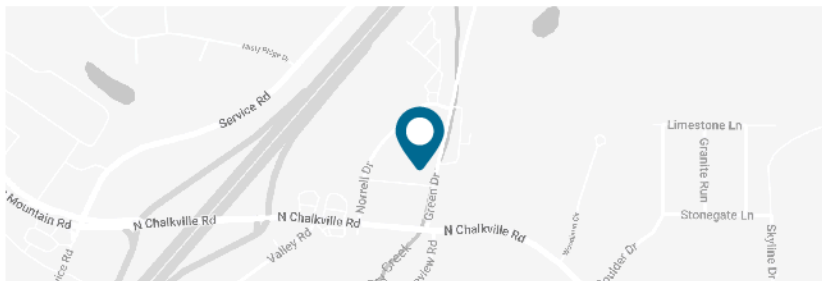
● 711 KORNEGAY DR.
PRATTVILLE, AL 36066
P (334) 325-5810
F (334) 325-5812
PRATTVILLE@WALSHORALSURGERY.COM

● 2074 VALLEYDALE RD.
BIRMINGHAM, AL 35244
P (205) 289-8850
F (205) 289-8658
HOOVER@WALSHORALSURGERY.COM



THIS TIME IS RESERVED ESPECIALLY FOR YOU. IF YOU MUST CANCEL YOUR APPOINTMENT, PLEASE NOTIFY US AT LEAST ONE DAY IN ADVANCE. THANKS!

- We will see you for an evaluation before scheduling your oral surgical procedure.
- Minors **MUST** be accompanied by parent or legal guardian.
- Please bring a list of all current medications.
- Please bring a list of any drug or medical allergies.
- Call if you have any questions before your appointment.
- Please call our office **BEFORE** your appointment to discuss insurance (medical & dental) filing instructions.
- Payment is expected at the time of the initial consultation. We will be happy to assist you with making financial arrangements for your continued care.



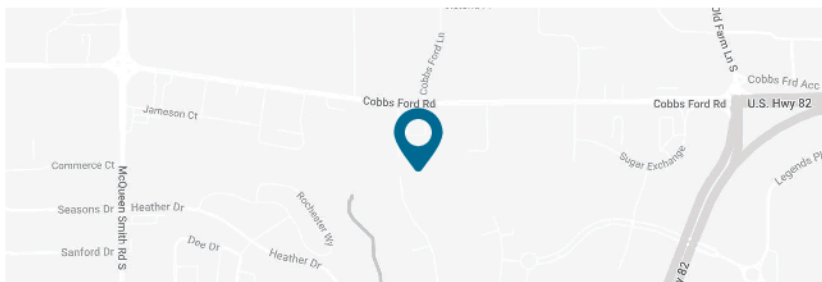
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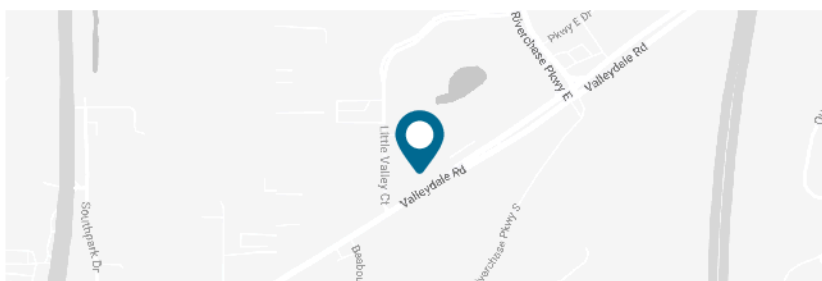
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