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Oral & Maxillofacial Surgeons



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Stamford, CT 06905
Tel: (203) 325-2661
Fax: (203) 323-5611

Date: _____

Patient Name: _____

Referring Doctor: _____

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

Reason for Referral:

- Extraction
- Dental Implants
- Exposure/Bond
- Biopsy
- CT Scan
- TMD Consult
- Apicoectomy
- Soft Tissue/Bone Grafts
- Orthognathic
- Other _____

Comments: _____

Patient Radiographs:

- Given to patient
- Emailed
- Mailed
- Please take

Comments: _____

Type of Radiographs, if sent:

- Pan
- PA
- Other: _____

Patients: *Please turn over...*

Welcome to Stamford Oral and Maxillofacial Surgical Arts!

Our team of dedicated surgeons and staff strives to make your experience as comfortable as possible.

Things you need to bring for your first visit:

- ✚ This referral slip
- ✚ X-rays (if applicable)
- ✚ Dental and medical insurance cards
- ✚ A picture ID/driver's license
- ✚ A detailed list of your current medications

If a patient is less than 18 years of age, a parent or guardian **must** accompany the patient to the appointment.

At your consultation, we will review your health history, perform an oral examination, take any necessary x-rays, and decide on a treatment plan. We will discuss the different types of anesthesia which can be administered to make your surgical procedure as comfortable as possible for you.

Location

📍 **SOMSA**
27 Bridge St
Stamford, CT
06905

Parking is available in our spacious parking lot.

