ROYA ORAL SURGERY

Patient Referral

Dr. Paul Mirdamadi, DDS, MS · Board-Certified Oral & Maxillofacial Surgeon

Call or text to refer, or send this form with the patient

(760) 456-9956

511 Encinitas Blvd STE 118, Encinitas, CA 92024

1 Referring office

REFERRING PROVIDER _____ PRACTICE NAME _____

OFFICE PHONE _____ OFFICE FAX _____

OFFICE EMAIL _____ OFFICE CONTACT _____

2 Patient

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____ PHONE _____

☐ The patient has been told about this referral and agreed to be contacted by Roya Oral Surgery

3 Clinical

URGENCY ☐ **Routine** ☐ **Urgent** ☐ **Emergent** · please also call

PROCEDURE / SERVICE REQUESTED

☐ Wisdom teeth evaluation	☐ Extraction	☐ Implant consult	☐ All-on-X consult
☐ Bone grafting	☐ Biopsy	☐ Expose & bond	☐ Sleep apnea / airway
☐ Jaw / TMJ	☐ Facial trauma	☐ Facial aesthetics	☐ Other: _____

CHIEF COMPLAINT _____

WORKING DIAGNOSIS _____

MEDICAL ALERTS _____

INSURANCE _____

TEETH INVOLVED · CIRCLE R ↔ L

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

NOTES · PRIOR TREATMENT, MEDICATIONS, MEDICAL HISTORY

SPECIFIC QUESTIONS FOR THE SURGEON

RECORDS BEING SENT

☐ Periapical x-rays	☐ Panoramic x-ray	☐ Bitewing x-rays	☐ CBCT
☐ Intraoral photos	☐ Extraoral photos	☐ Treatment plan	☐ Consult / clinical notes
☐ Medical history	☐ Insurance card	☐ Pre-op clearance	

REFERRING PROVIDER SIGNATURE _____ DATE _____

We call the patient to schedule and send you a report after the consultation and after treatment.

royaoralsurgery.com