SOMERSET
ORAL SURGERY • DENTAL IMPLANTS

DR. ALAN HECHT, DMD | SP. LIC. #5018
DR. JASON GORDON, DDS, MD | SP. LIC #06986
DR. MAYA RAMACHANDRAN, DMD | SP. LIC #DS043884
INFO@SOMERSETOMS.COM WWW.SOMERSETOMS.COM

REFERRAL FORM

Patient's Name: _____
FIRST NAME LAST NAME

Date: _____

Referring Dr: _____

Office Location Patient Will Visit: ☐ Somerville ☐ Lebanon

SCAN ME

Please circle the teeth indicated for consult or treatment:

				A	B	C	D	E	F	G	H	I	J			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R																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			

Radiographs: ☐ Given to Patient ☐ Email ☐ Please Take ☐ CBCT

Consultation: ☐ Extractions ☐ Third Molars ☐ Pathology ☐ Apicoectomy
☐ Exposure/Bond ☐ Extraction/Socket Preservation ☐ Implants
☐ Bone Grafting ☐ Immediate Temp ☐ All on 4 ☐ Sinus Lift

Implants: ☐ Zimmer ☐ Straumann

Comments: _____

Patients Instructions:

1. **Please call to make an appointment. Scan QR Code to register online.**
2. Please bring this referral card and any x-rays to your first visit.
3. A parent or legal guardian must accompany minors

The first visit to our office generally consists of a consultation with the doctor. The doctor will review your medical history and the referral request from your dentist. They will evaluate your radiographs. At this time, the doctor will discuss your individual needs, determine what treatment you will require, explain the treatment to you, and prepare you for surgery. An appointment will then be made for the necessary treatment.