

# ALABAMA CENTER *for*

## ORAL SURGERY & DENTAL IMPLANTS

Est. 2023

## REFERRAL FORM

Bryan T. Kendricks, DMD, MD  
Barrett R. Tolley, DDS, FACS  
Members AAOMS

188 North Foster Street, Suite 203  
Dothan, Alabama 36303

Phone: (334) 697-6453  
www.dothanoralsurgery.com

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### Radiographs

☐ FMX ☐ PA ☐ PANO ☐ Emailed ☐ Patient Will Contact You

Please circle teeth numbers:

|           |    |    |    |    |    |    |    |           |    |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|----|-----------|----|----|----|----|----|----|----|
| 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 |
| RIGHT     |    |    |    |    |    |    |    | LEFT      |    |    |    |    |    |    |    |
| A B C D E |    |    |    |    |    |    |    | F G H I J |    |    |    |    |    |    |    |
| T S R Q P |    |    |    |    |    |    |    | O N M L K |    |    |    |    |    |    |    |

### Reason for Referral:

- |   |  |
|---|--|
| <input type="checkbox"/> Bone Grafting        | <input type="checkbox"/> Extractions                     |
| <input type="checkbox"/> Craniofacial Surgery | <input type="checkbox"/> Oral/Maxillofacial Pathology    |
| <input type="checkbox"/> Dental Implants      | <input type="checkbox"/> Orthognathic Surgery            |
| <input type="checkbox"/> Dermatopathology     | <input type="checkbox"/> Trauma / Reconstructive Surgery |
| <input type="checkbox"/> Other: _____         |  |

*Thank You For The Kind Referral*

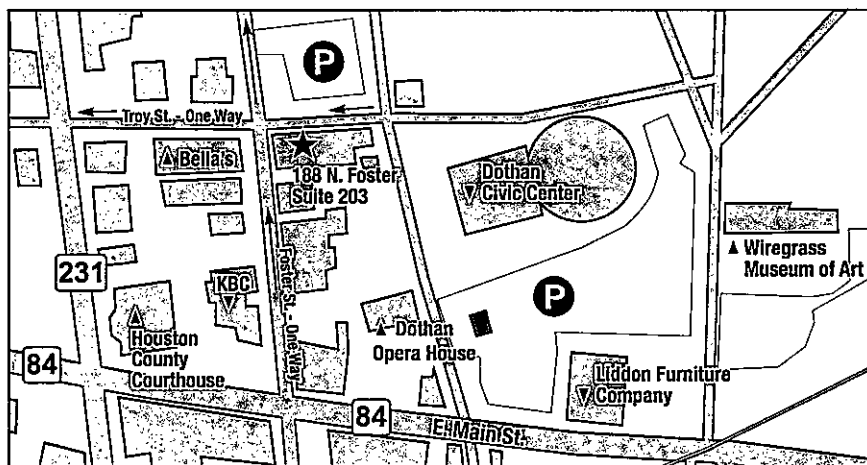
## Your appointment is scheduled:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

### PLEASE REVIEW THE FOLLOWING INSTRUCTIONS

- Please arrive 15 minutes before your scheduled appointment time.
- Please bring a list of all medications you are currently taking.
- Please remember to bring this referral and any x-rays with you.
- Minors must be accompanied by parent or legal guardian.
- **We understand your time is valuable. Please visit our website [www.dothanoralsurgery.com](http://www.dothanoralsurgery.com) to complete and print your new patient paperwork prior to arrival, so we may seat you by your scheduled appointment time.**



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