Print Form

Patient Referral - Request for Consult

To: Dr. Greg Kewitt
Board Certified Oral and Maxillofacial Surgeon

Centre Oral & Facial Surgery
474 Windmere Drive, Suite 202, State College, Pa 16801
Ph: 814.235.7700 Fx: 814.235.7633

Date

From: **Office Phone #** **E-mail**

Regarding: **Age or DOB**

Pt's. Contact Phone # Please call patient to make appointment | Patient will call to make appointment | Appointment has been made for

The patient is being referred for:

- Extraction(s)
- Implant(s)
- Extraction(s) and Implant(s)
- Preprosthetic Surgery
- Frenectomy
- Bone Grafting - Alveolar Ridge Preservation
- Orthognathic Surgery
- Exposure of an impacted tooth
- Surgical repositioning of a tooth
- Cleft Lip and Palate
- Facial Cosmetic Surgery
- Evaluation of an oral lesion
- Evaluation of a facial lesion
- Management of an infection
- Facial Trauma
- TMJ - Facial Pain
- **Other**

Radiographs and Photos

Please send radiographs within the last calendar year. Panoramic radiographs are preferred for 3rd molar surgery and placement of implants. Digital radiographs and photos can be sent as **e-mail attachments** to **referral@centreoms.com.**

- Mailed
- None
- Submitted via email
- Please perform radiograph of your choice
- Will accompany patient

Digital radiographs and photos can be **UPLOADED** to this referral form.

Click mouse over above field and insert image. Image may be distorted but it will submit.	Click mouse over above field and insert image. Image may be distorted but it will submit.	Click mouse over above field and insert image. Image may be distorted but it will submit.

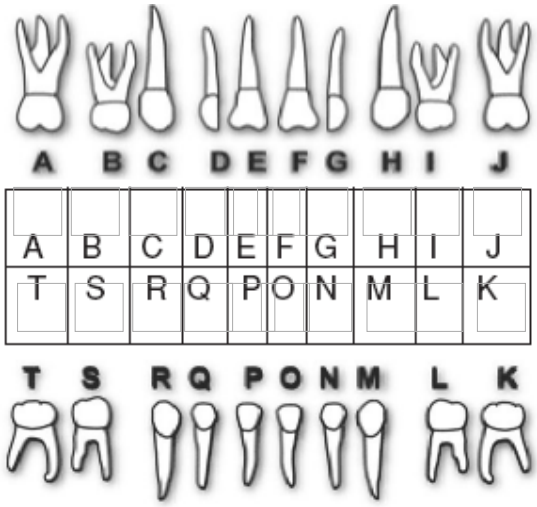
Does the patient require antibiotic prophylaxis? No | Yes | Unsure

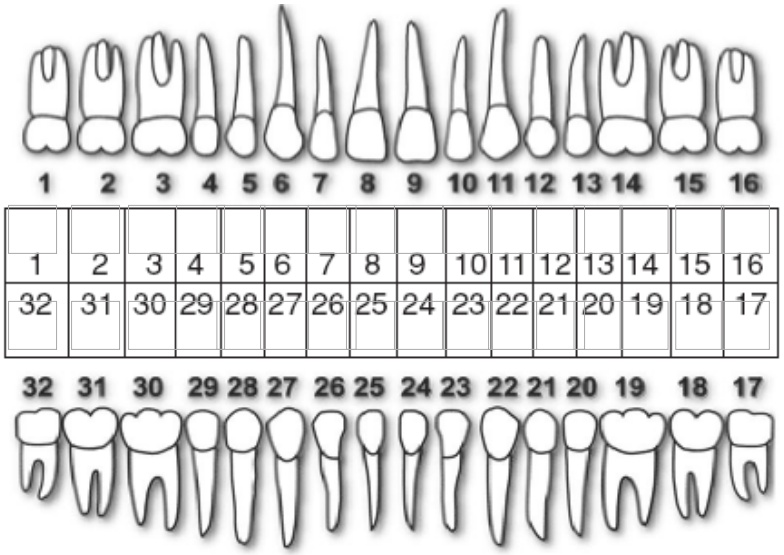
Does the patient have an anesthetic preference? Local | IV Anesthesia | Unsure

Is the patient considering placement of an implant in the future? If so, bone grafting and alveolar ridge preservation will be discussed. No | Yes | Unsure

Compounding Medical Issues - Description of Pathology - Comments

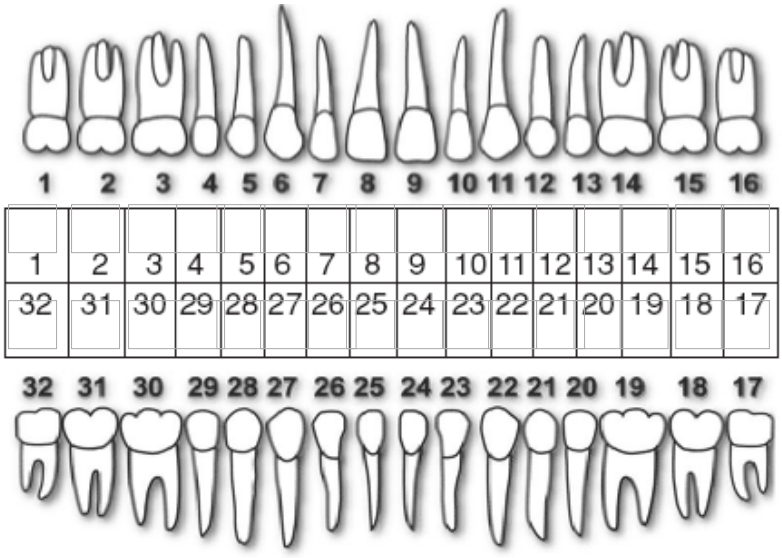
Requested extractions





Additional Comments - Clarifications

Please place dental implant(s)



What is the restorative plan?

- ☐ Single Unit Restoration
- ☐ Bridge
- ☐ Immediate Temp
- ☐ Early Temp
- ☐ Overdenture
- ☐ Fixed Hybrid

What abutments do you plan to use?

- ☐ Stock abutment
- ☐ All Ceramic
- ☐ Custom abutment
- ☐ Screw Retained
- ☐ Locators
- ☐ Other

Additional Comments - Clarifications

Your signature is not required if you are submitting this application over the internet or e-mail. However, if you are submitting this form by fax or mail, please sign and date in the area provided below.

Signature

Date:

Print Form | E-Mail Referral