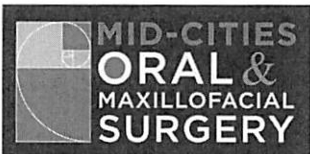


Mid-Cities Oral and Maxillofacial Surgery

Christopher King, DDS, MD
Board Certified Oral and Maxillofacial Surgeon
5209 Heritage Ave., Suite 220, Colleyville, TX 76034
Phone: 817-900-3520   Fax: 833-477-1250   info@MidCitiesOMS.com

Date of referral: ____________________

Patient Name: ____

Patient DOB: ____________________________ Parent (if minor) ________________

Patient phone: ____________________________ Alternative phone: ________________

Dentoalveolar surgery:

- ○ Extraction teeth #s: ______________
- ○ Alveoloplasty: ______________
- ○ Incision and drainage: ______________
- ○ Expose and bond: ______________
- ○ Frenectomy: ______________
- ○ Other: ______________

Dental Implant #: ______________

Pathology/Biopsy #: ______________

Orthognathic evaluation: ______________

TMJ evaluation: ______________

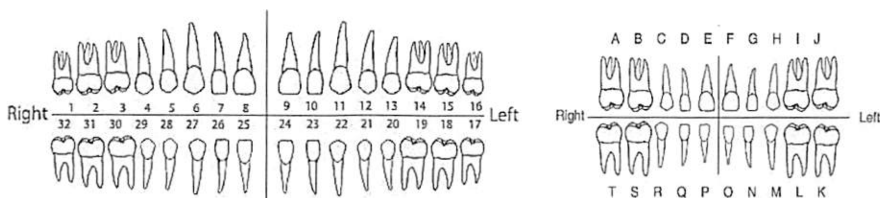
CBCT #: ______________

Radiographs:

- ○ Attached to this referral
- ○ Will send by email: info@MidCitiesOMS.com
- ○ None available

Anesthesia Recommendations:

- ○ Local Anesthesia
- ○ IV sedation
- ○ General anesthesia, operating room



Comments: ____

____

Referred by: ____

Office phone: ____________________________ Fax: ______________________

e-mail: ____