
REFERRAL FORM



ORAL & FACIAL SURGERY CENTER OF TALLAHASSEE

Barrett R. Tolley, D.D.S.



Diplomate,
American Board of Oral
& Maxillofacial Surgery

3330 Capital Oaks Drive
Tallahassee, Florida 32308

Phone: (850) 386-4602

Fax: (850) 386-4206

www.ofsctallahassee.com

Date: ___/___/___

Patient Name: _____ DOB: _____

Telephone #: _____

Referring Doctor: _____ Address: _____

Telephone #: _____

Does the patient require antibiotic pre-medication? Yes No

Radiographs

- | | | | |
|---|---|-----------------------------|-------------------------------|
| <input type="checkbox"/> CBCT | <input type="checkbox"/> FMX | <input type="checkbox"/> PA | <input type="checkbox"/> PANO |
| <input type="checkbox"/> Enclosed | <input type="checkbox"/> Emailed | | |
| <input type="checkbox"/> Please Contact Patient | <input type="checkbox"/> 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"/> Consultation | <input type="checkbox"/> Extractions |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Dental Implants |
| <input type="checkbox"/> Trauma / Reconstructive Surgery | <input type="checkbox"/> Cosmetic / Laser Surgery |
| <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Cleft Lip & Palate | <input type="checkbox"/> Craniofacial Surgery |
| <input type="checkbox"/> Other: _____ | |
-
-

Thank You For The Kind Referral

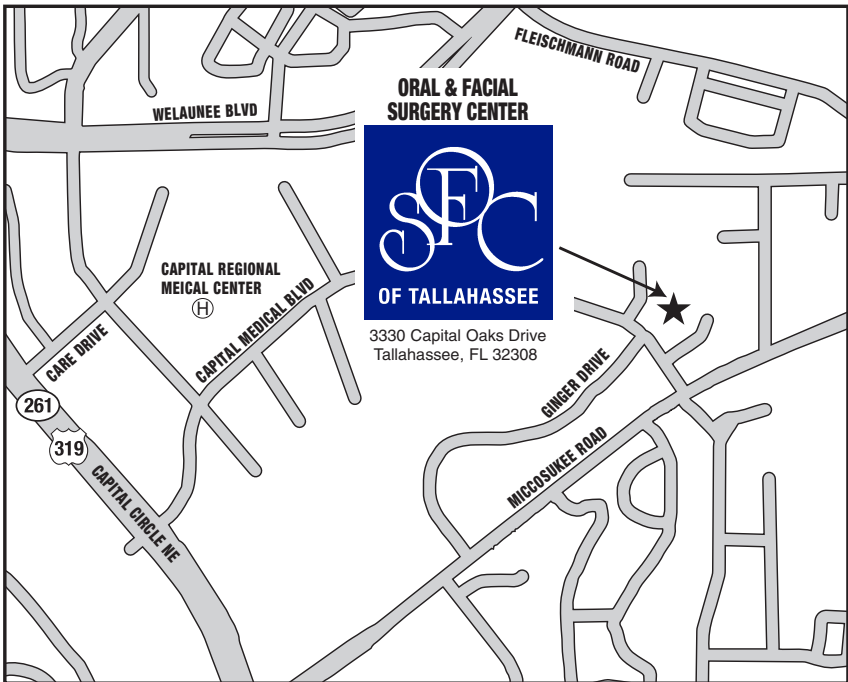
Your appointment is scheduled:

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.ofstallahassee.com to complete and print your new patient paperwork prior to arrival, so we may seat you by your scheduled appointment time.**



3330 Capital Oaks Drive
Tallahassee, FL 32308

(850) 386-4602

Thank You For The Kind Referral