

P O R T L A N D
ORAL & FACIAL SURGERY



REFERRAL

www.portlandoralfacialsurgery.com

Dr. Baber Khatib Dr. Lance Thompson First Available

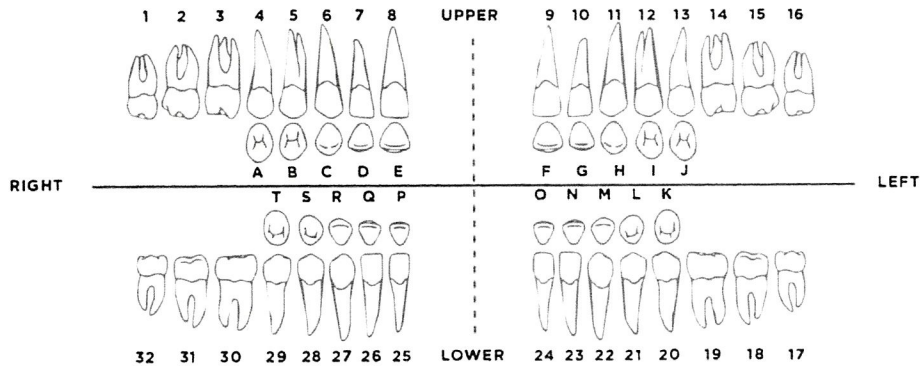
Patient's Name _____

Patient's DOB _____ Phone # _____

Extraction Implant/Preprosthetic All on X Expose/Bond Bone Grafting
Implant Preference Zimmer Nobel Straumann

Date of Referral _____ Urgent? Please Check Box

Special Instructions _____



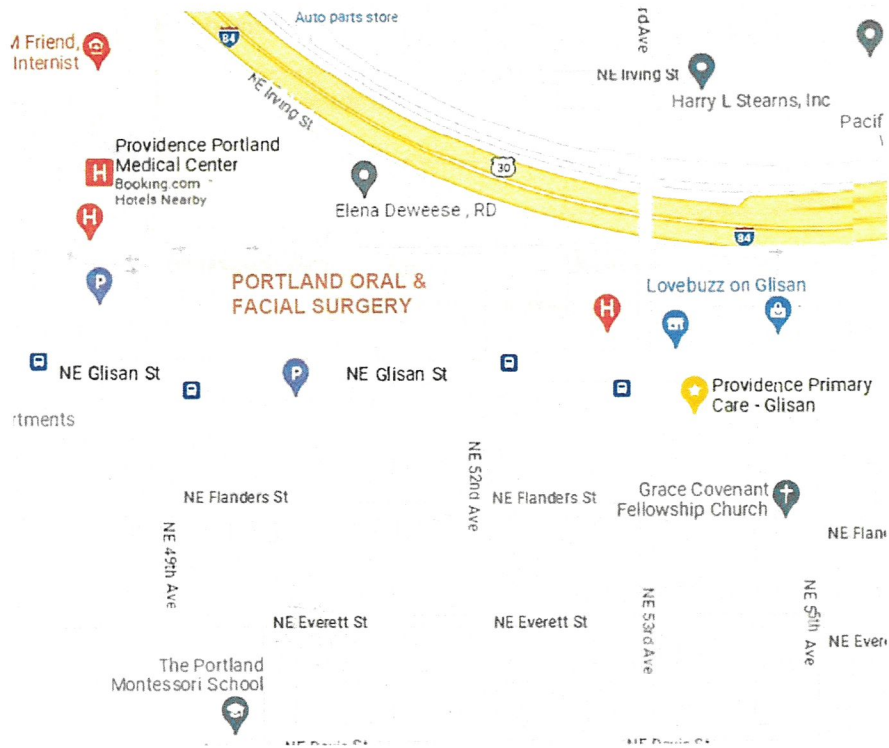
X-Rays Included Yes No Email X-Rays to: info@portlandoralfacialsurgery.com

Referred by Dr. _____ Phone _____
Email _____

Located at the Providence Portland
Medical Center Campus
In the Providence Professional Building
(Map on Reverse)

**5050 NE Hoyt St, Suite 322
Portland, OR 97213
Tel: 503 230 0322
Fax: 503-230-0344**

info@portlandoralfacialsurgery.com



Free Valet Parking Available!!!!

Note

1. Please call the office to make an appointment.
2. Patients in need of an interpreter must bring one to the appointments.
3. Please bring insurance cards and information.
4. Please note that in most cases the patient is seen first for consultation to review the health history, decide on the most appropriate anesthesia and treatment plan, and schedule the surgery at a separate appointment.
5. Minors must be accompanied by a parent or guardian.
6. If you must reschedule, please call to arrange another appointment 48 hours in advance. Appointments that are not cancelled 48 hours in advance will not be given another appointment.