



# Armitage Oral Surgery

Oral & Maxillofacial Surgery

Date of Referral .....

Patient Name .....

Reason for Referral .....

### CIRCLE TEETH TO BE TREATED

Right	A	B	C	D	E	F	G	H	I	J	Left
1 2 3 4 5 6 7 8						9 10 11 12 13 14 15 16					
1 2 3 4 5 6 7 8						9 10 11 12 13 14 15 16					
	T	S	R	Q	P	O	N	M	L	K	

- |                                   |                                   |  |
|-----------------------------------|-----------------------------------|--|
| <input type="radio"/> Implants    | <input type="radio"/> Pathology   | <input type="radio"/> Dentoalveolar Surgery  |
| <input type="radio"/> Extractions | <input type="radio"/> X-rays / CT | <input type="radio"/> Reconstructive Surgery |

Dr. Request Call  YES  NO

### Referring Doctor's information

Doctor's Name .....

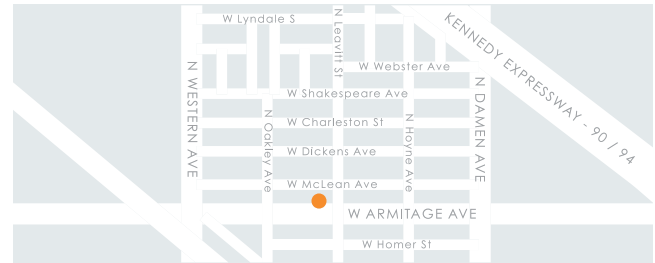
Doctor's Signature .....

Doctor's Phone # .....

WWW.ARMITAGEORALSURGEERY.COM

<b>MON</b> 8a - 5p	<b>TUE</b> 8a - 5p	<b>WED</b> 8a - 5p	<b>THU</b> 8a - 5p	<b>FRI</b> 8a - 5p	<b>SAT</b> 8a - 1p	<b>SUN</b> Closed
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## Dr. Firas F Katabi Oral & Maxillofacial Surgery



2220 W Armitage Ave . Chicago IL 60647  
**773.486.2220**

- If you must cancel your appointment, please notify us at your earliest convenience
- Please arrive 15 min prior to your first appointment to complete registration forms
- Minors must be accompanied by a parent/legal guardian
- Patients having IV anesthesia:
  - Do not eat or drink for six hours before scheduled appointment. (Includes candy, gum & water)
  - A responsible adult must accompany you and remain in our office during your procedure and must also be able to take you home
  - Wear loose fitting clothing with short or loose sleeves
  - Do Not wear contact lenses