



**LAREDO**  
 O R A L *and*  
 MAXILLOFACIAL  
 S U R G E R Y

**John C.  
 Britton, DDS**

Las Colinas Center  
 220 W. Hillside Road  
 Suite 1  
 Laredo, TX 78041

PHONE:

956.724.2244

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956.724.4007

[laredooralsurgery.com](http://laredooralsurgery.com)

Please see reverse for  
 a map to our office

PATIENT REFERRAL FORM

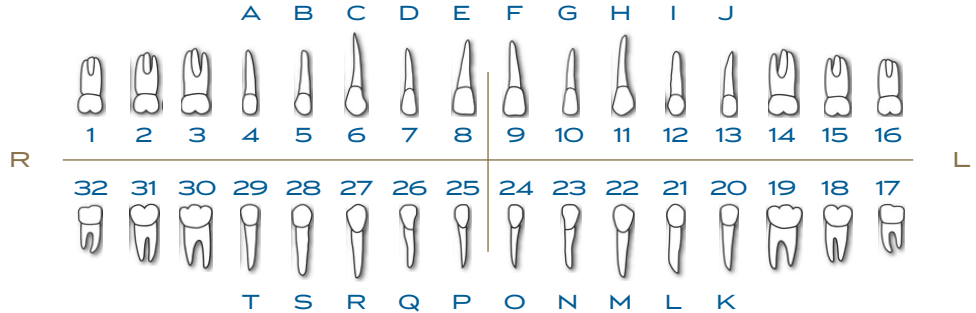
Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Referred By: \_\_\_\_\_

Today's Date: \_\_\_\_\_

PLEASE MARK TEETH TO BE TREATED



Extractions

Expose & Bond

Radiographs:

Alveoplasty

Implants

Mailed / Emailed

Lesion & Evaluation

Ridge Augmentation /  
 Bone Graft

Given to Patient

Other: \_\_\_\_\_

No X-Ray

Special Instructions / Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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