

Referred By: _____ Office Phone: _____ Date: ____/____/____

Patient's Name: _____ Patient's Phone: _____

Patient's DOB: _____ Preferred Language: English Spanish
 Other _____



WISE

ORAL & FACIAL SURGERY

Cameron J. Walsh DDS, MD
Stefan Vila DDS, MD

REFERRING FOR:

- Third Molar Extraction
- Extraction
- Implants
- Orthodontic Exposure & Bracket
- Biopsy
- Full Arch Implants / Prosthetics
- Other

NOTES / SPECIAL INSTRUCTIONS:

RADIOGRAPHS:

- Being Mailed
- Being Emailed
- Being Faxed
- Patient Carrying

LOCATIONS:

- TRUSSVILLE**
5750 Bentley Way • Trussville, Alabama 35173
(205) 900-9473 • F: (205) 729-7222
- HOOVER**
2074 Valleydale Road • Birmingham, Alabama 35244
(205) 289-8850 • F: (205) 289-8658
- PRATTVILLE**
711 Kornegay Drive • Prattville, Alabama 36066
(334) 325-5810 • F: (334) 325-5812

PLEASE REMOVE THE PERMANENT TEETH INDICATED HERE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

PLEASE REMOVE THE PRIMARY TEETH INDICATED HERE

	A	B	C	D	E	F	G	H	I	J	
R	E	D	C	B	A	A	B	C	D	E	L
	E	D	C	B	A	A	B	C	D	E	
	T	S	R	Q	P	O	N	M	L	K	



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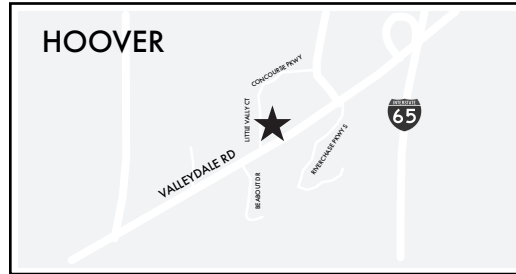
THIS TIME IS RESERVED SPECIALLY FOR YOU. IF YOU MUST CANCEL YOUR APPOINTMENT, PLEASE NOTIFY US AT LEAST ONE DAY IN ADVANCE. THANKS!

- We will see you for an evaluation prior to scheduling your oral surgical procedure.
- Minors MUST be accompanied by parent or legal guardian.
- Please bring a list of all current medications.
- Please bring a list of any drug or medical allergies.
- Call if you have any questions before your appointment.
- Please call our office BEFORE your appointment to discuss insurance (medical & dental) filing instructions.
- Payment is expected at the time of the initial consultation. We will be happy to assist you with making financial arrangements for your continued care.



PRATTVILLE

711 Kornegay Dr, Prattville AL 36066
Hours: Mon-Thurs 8-5pm, Fri 8am to noon
(334) 325-5810 • F: (334) 325-5812
prattville@wiseomfs.com



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