

Referral Form

Dr. David Parmer, DDS, MD • Dr. James Macholl, DDS, MD
Diplomats of The American Board of Oral & Maxillofacial Surgery

Schedule your appointment at either of our convenient locations:

9415 Beach St.,
Fort Worth, TX 76244
544 FM 156 S, Suite 200
Haslet, TX 76052

Phone: 817-741-2200
Fax: 817-741-2216
Website: dfworalsurgery.com
Email: contact@dfworalsurgery.com



This referral is courtesy of

Office/Doctor
Name: _____

Date: _____ / _____ / _____

Introducing

Name: _____

Date of Birth: _____ / _____ / _____

Phone: _____

Email: _____

Please circle teeth or areas to be examined/treated:

MAXILLA															
			A	B	C	D	E	F	G	H	I	J			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT								LEFT							
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			T	S	R	Q	P	O	N	M	L	K			
MANDIBLE															

Appointment:

☐ Has Been Made ☐ Please Call Patient ☐ Patient Will Call

Procedures:

☐ Extractions ☐ Wisdom Teeth ☐ Implant
☐ Lesion/Pathology ☐ Other: _____

Clinical Remarks:

Pano X-Ray: ☐ Yes - Date: _____ / ☐ No

We would be delighted to receive any available dental images. Please send with patient or share vial email: contact@dfworalsurgery.com

Welcome to Alliance Oral & Maxillofacial Surgery!

At Alliance Oral & Maxillofacial surgery, we are committed to provide oral and maxillofacial surgery with integrity, compassion, and excellence. You can rest assured that you and your family will be treated with kindness, concern and consideration. Thank you for choosing us!

To our patients, parents & legal guardians, here is some general information that should help answer some questions you may have:

- ✓ Your initial consultation visit is to comprehensively evaluate and discuss your particular need(s).
- ✓ All patients under 18 years of age must be accompanied by a parent or legal guardian at the time of consult and treatment.
- ✓ If you are planning on utilizing insurance for your consult and treatment, please have all dental and medical insurance information available during scheduling call and office visit.
- ✓ Please arrive 10-15 minutes prior to your scheduled appointment time to check-in and fill out any new patient forms. If you or a family member have been to our office previously, let our staff know.
- ✓ For your convenience, we accept the following forms of payment; Cash, Visa, MasterCard and Discover. We also accept Care Credit.
- ✓ To learn more about the services we provide and to access new patient forms, visit our website @www.dfworalsurgery.com
- ✓ If you have additional questions regarding your consult, don't hesitate to contact us at 817-741-2200.