



ORAL & FACIAL SURGEONS OF ILLINOIS

ORAL, MAXILLOFACIAL & IMPLANT SURGERY

surgeons@ofsi.org
www.oralurgeonsillinois.com

Date: _____

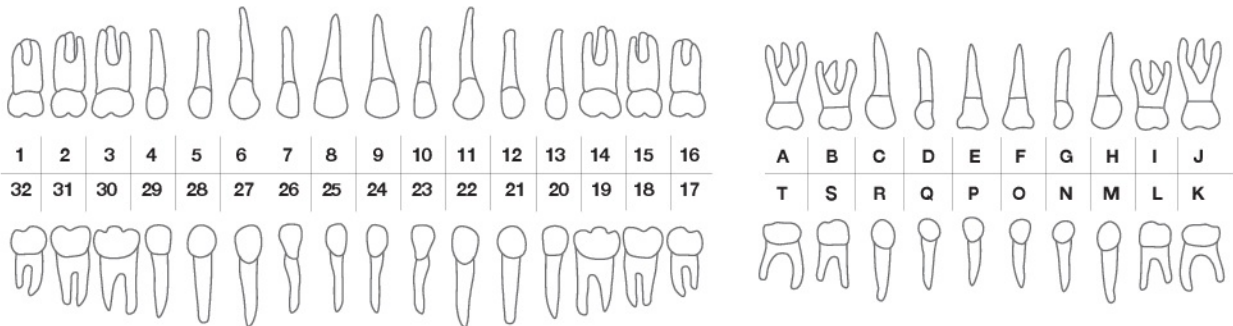
First Name: _____ Last Name: _____

Date of Birth: _____ Contact Phone: _____

Referred By: _____ Phone: _____

Email: _____

PLEASE MARK AREA TO BE TREATED



Please verify teeth for extraction: _____

CONSULTATION/PROCEDURE:

- Extraction
- Bone Grafting
- Implant
- Soft Tissue Grafting
- Lesion Evaluation
- Expose and Bond
- Alveoplasty/Tori
- Orthognathic Evaluation
- Frenectomy
- Cleft Evaluation
- Botox®/Dermal Filler

Discuss Implants? Yes No

RADIOGRAPHS

- Being Mailed
- Given to Patient
- Please Take
- No X-ray
- Attached

COMMENTS:

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JORDAN N. WILLIAMS, DMD • MARK A. STEPHENS, DMD • JOSEPH LONG, DDS

Springfield Office
3007 Spring Mill Dr, Springfield, IL 62704
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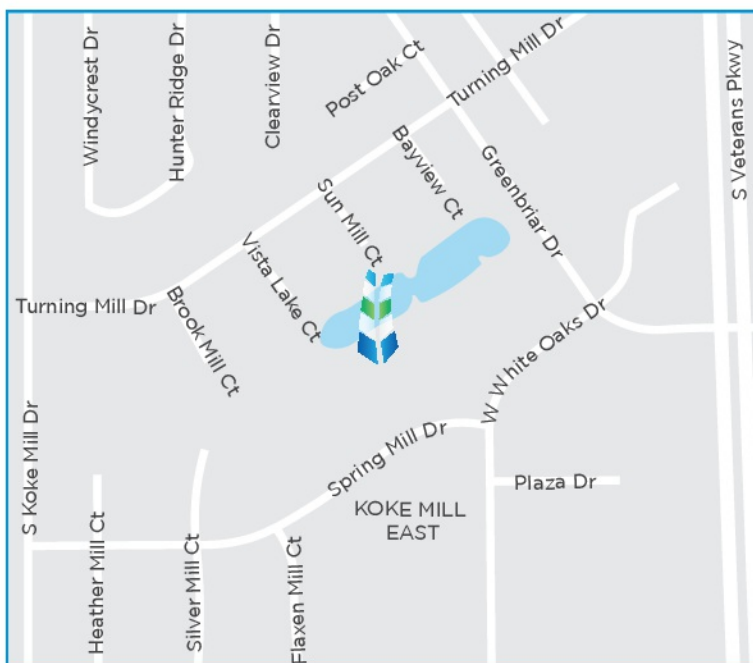
Decatur Office
335 East Ash Ave, Decatur, IL 62526
P: (217) 876-1708 F: (217) 876-1756



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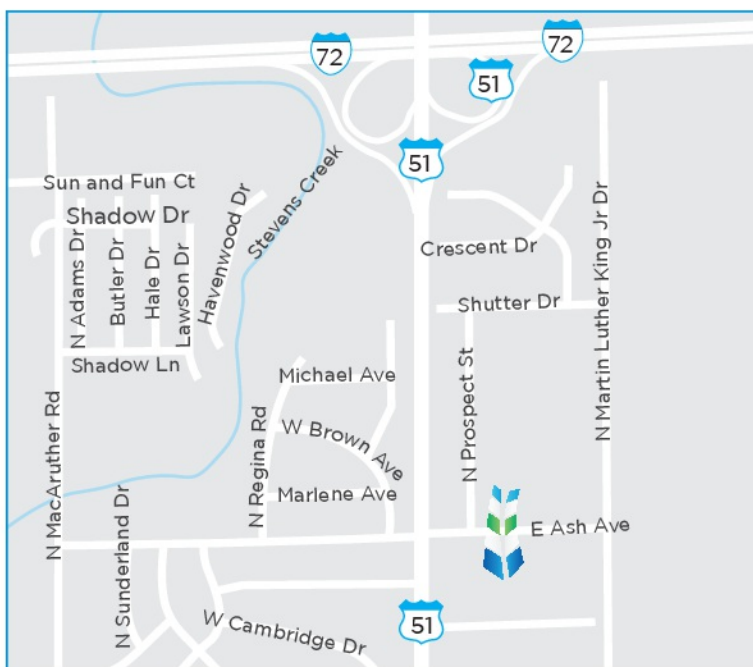
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