



VOS

VIRGINIA ORAL SURGERY  
SPECIALISTS

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Referring Doctor \_\_\_\_\_

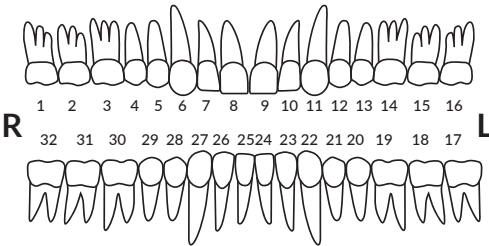
Referring Doctor's  
Phone number \_\_\_\_\_

### Reasons for Referral

- Dental Extractions
- Socket Preservation
- Sinus Lift
- Tooth Exposure / Bonding
- TMJ / Myofascial Pain
- Dental Implants
- IV Sedation / General Anesthesia
- Bone Grafting / Augmentation
- Facial | Oral Trauma
- Facial Cosmetics / Rejuvenation
- Wisdom Teeth Extractions
- Soft Tissue Grafting
- Oral Pathology & Frenectomy
- Orthognathic Evaluation
- 3D Imaging

Remarks \_\_\_\_\_

### Permanent



MARK "X" FOR EXTRACTION OF INDICATED TEETH

### Deciduous (Baby)



### Surgical Template

- To be provided by restorative dentist
- To be provided by surgeon

### Implant Placement

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

- SINGLE UNIT     MULTI UNIT
- ALL ON 4/6     IMPLANT OVERDENTURE

PLEASE MARK IMPLANTS TO BE PLACED

**Schedule Appointment  
Today! (703) 520-2300**



**Akbar Dawood, DMD**

Board Certified, American Board of  
Oral and Maxillofacial Surgery  
Board Certified, National Dental Board  
of Anesthesiology