P A L O A L T O
Oral & Maxillofacial Surgery

Referral

Please Check One

☐ Alex Hoghooghi, MD, DDS

Date

Referring Doctor

Introducing

Daytime Phone/Cell

Appointment Status ☐ Urgent ☐ Call to discuss ☐ Call patient

Please Evaluate for the Following Treatment

☐ Extractions
☐ Preprosthetic Surgery
☐ Implant
☐ Apical Surgery
☐ Pathology Consultation/Biopsy
☐ Orthognathic/Sleep Surgery
☐ Socket preservation
☐ Bone Graft Reconstruction
☐ Sinus Lift
☐ Facial Trauma
☐ Crown Lengthening
☐ Other (see comment below)

Evaluate for Extractions: please check teeth

	A	B	C	D	E	F	G	H	I	J	
(Right)	1	2	3	4	5	6	7	8	9	10	(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	

Implant: please indicate sites

Maxilla

Right ☐ ☐ Left

☐ ☐

Mandible

X-Rays ☐ Sent by mail ☐ Sent with patient
☐ To be taken ☐ Sent by email

Remarks

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