



HILLSBORO

ORAL & MAXILLOFACIAL SURGERY

DYLAN SPENDAL, DMD

Oral and Maxillofacial Surgeon

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Introducing: _____ Referral is the courtesy of: _____ Today's Date: ____/____/____

Patient Address: _____

Birthdate: ____/____/____ Gender: _____ Contact Phone: _____ Please call patient Patient will call for appointment

Teeth # or area to be treated _____

PLEASE CIRCLE TEETH / AREA TO BE TREATED

Procedure(s) Requested

- Extraction(s)
 - Would you like us to discuss: _____ implants or bone grafting? ____ Yes ____ No
 - Biopsy / Excision
 - Other: _____
- Alveoloplasty
 - Frenectomy
 - Exposure / Bond
 - Incision / Drainage

Cone Beam CT Scan

Consultation(s) Requested

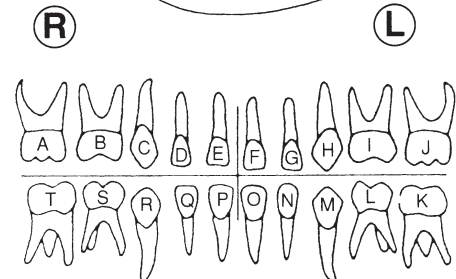
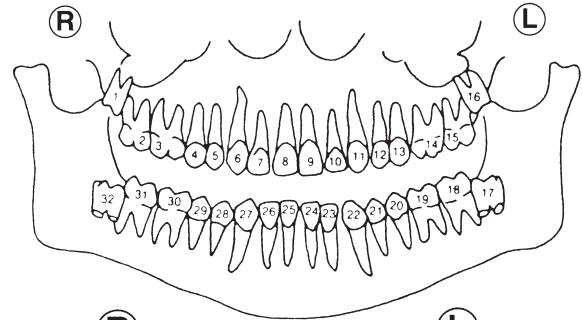
- Dental implants
 - Sinus Lift
 - Bone grafting
 - Facial Trauma
 - Other: _____
- Oral Pathology
 - Soft tissue grafting
 - Skin lesions

Radiograph Requests

- Enclosed/Emailed
- Given to patient
- Please take new ones

Management, Medical or Treatment concerns

Please fax, mail, or email this form to the office.



TO OUR VALUED PATIENTS: *Your appointment* is time specifically reserved for you. If you cannot keep your appointment, please inform the office one day in advance so the time may be given to another patient. For new patients, we also ask that you arrive 15 minutes prior to your scheduled appointment in order to register.

For patients with consultation appointments:

1. If your doctor is sending X-rays, please arrange for them to be sent to the office at the time of your appointment.
2. If you are taking medications or herbal substances of any kind, please bring them with you or prepare a list.
3. Any patient under 18 years of age must be accompanied by a parent or guardian at the time of consultation and surgery.

For patients to be sedated during surgery (Please coordinate with our office ahead of time):

1. Do not eat or drink anything the day of your surgery. A sip of water may be taken with approved medications.
2. Clean your teeth and mouth well prior to surgery.
3. Arrange for a responsible adult to accompany you and to drive you home. Your driver must come into the office and be present during surgery.
4. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery.

Our office is located on the below map and our staff will gladly provide additional directions for your travel.

Parking is available at the office.

Please visit our website for additional resources at HillsboroOMFS.com.

