



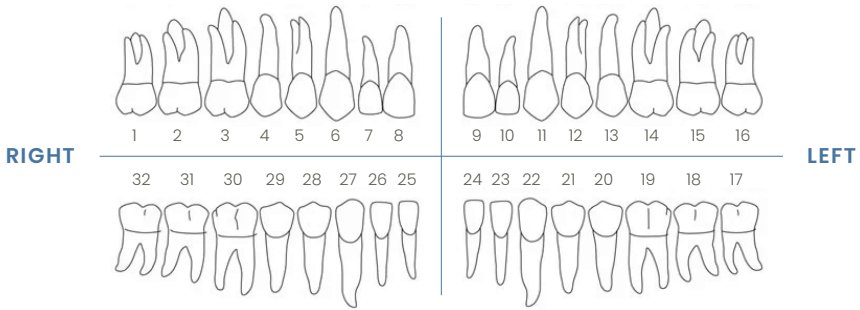
LEGACY ORAL SURGERY

LEGACYOMS.COM

REFERRAL CARD

Patient: _____ Date: _____

Referring Doctor: _____



Radiographs: GIVEN TO PATIENT EMAIL MAIL PLEASE TAKE

Consultation: EXTRACTION WISDOM TEETH PATHOLOGY TMJ
 EXPOSURE SINUS LIFT OTHER

Implants: SOCKET GRAFTING BONE GRAFTING IMMEDIATE

Comments: _____

Signature: _____

UNION CITY

312 44TH STREET
UNION CITY, NJ 07087

201-601-9262 | UC@LEGACYOMS.COM

ELIZABETH

700 N. BROAD STREET #2B & 2C
ELIZABETH, NJ 07208

908-585-4990 | ELIZ@LEGACYOMS.COM

PATIENT INSTRUCTIONS

1. To schedule your appointment, please call one of the offices below.
2. Please bring this referral card and any x-rays to your visit.
3. If you are under 18 years old, a parent or legal guardian must accompany you.
4. If you request general anesthesia for your appointment, do not eat or drink for at least eight (8) hours prior to your appointment. Please arrange to have an adult accompany you home following treatment. Suitable transportation arrangements should be made, as driving a vehicle after recovering from anesthesia is not permitted.

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