



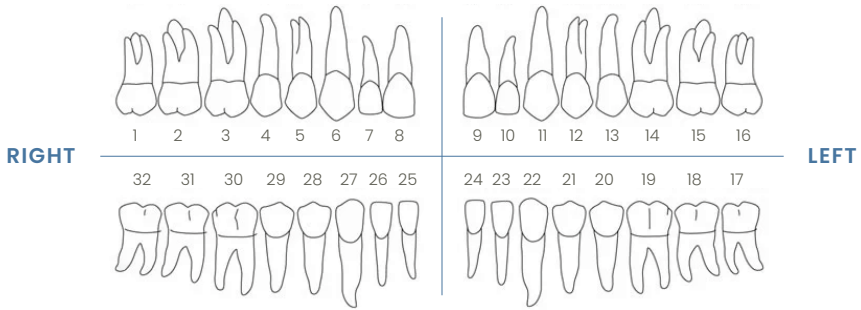
# LEGACY ORAL SURGERY

[LEGACYOMS.COM](http://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: \_\_\_\_\_

**STATEN ISLAND**

3377 RICHMOND AVE.  
STATEN ISLAND, NY 10312

718-948-2900 | SI@LEGACYOMS.COM

DR. NANCY HERBST DDS - DR. HILLEL KAYE DDS, MD. & ASSOCIATES

# PATIENT INSTRUCTIONS

1. To schedule your appointment, please call our office.
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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