



Patient Name: _____

Referring Doctor: _____

SERVICE REQUESTED

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Orthognathic | <input type="checkbox"/> Biopsy of Lesion | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Cleft Lip/Palate | <input type="checkbox"/> Cyst/Tumor | <input type="checkbox"/> Craniofacial |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Alveolar Cleft Graft | <input type="checkbox"/> TMJ / TMD | <input type="checkbox"/> Facial Skin Lesion |
| <input type="checkbox"/> Dental Implant | <input type="checkbox"/> Facial Trauma | <input type="checkbox"/> Sleep Apnea | |

A B C D E								F G H I J							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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							

Radiographs:

- ☐ Sent with Patient
☐ Sent via E-Mail
☐ Please Take

Comments: _____

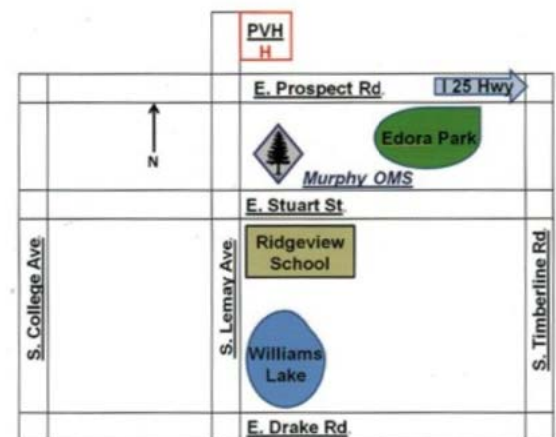
Appointment Date: _____ Appointment Time: _____

Insurance Providers we are in Network with:

Atena PPO/UMA (United Medical Alliance) Actna Vital Savings Discount Plan	Delta Dental (Premier, PPO, CHP Plus) Dente Max , Standard Insurance DHA (Dental Health Alliance) Humana / Humana One (Preferred, Federal) Kaiser Permanente of Colorado
Assurant Dental Blue PPO (100, 200, 300, - but not Federal, PPO, or PPO Plus) Cigna Radius (not Core or Percore) Careington & Dental All Nationwide Discount GEHA Guardian	Metlife Principle TDA (Total Dental Alliance) United Concordia United Healthcare

We accept children with Medicaid (<21yrs old), and CHP Plus.

We also give a 10% DISCOUNT for patients without insurance.



Specialist In:

- ♦ Orthognathic (Jaw) Surgery
- ♦ Cleft Lip & Palate Surgery
- ♦ Craniofacial Reconstruction
- ♦ Wisdom Teeth (3rd Molar) Removal
- ♦ Dental Implants
- ♦ Facial Trauma

Our mission is to help others

“Face The World”

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