



☐ FAIRFAX ☐ FREDERICKSBURG ☐ MANASSAS ☐ STAFFORD

Oral & Maxillofacial Surgeons

- ***IBRAHIM HARON** DDS, ABOMS, DIP, FRCDC
- ***ARSALAN BHATTI** DDS
- ***SOHAIB KHAN** DDS
*Diplomate, American Board of Oral and Maxillofacial Surgery
- ****ISAAC SO** DDS
**Candidate, American Board of Oral and Maxillofacial Surgery

REFERRING DOCTOR.....

OFFICE NAME.....

PATIENT'S NAME.....

DATE.....

TOOTH CHART

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								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		
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REFERRAL FOR:



DENTAL IMPLANTS

- ☐ Single Tooth Implant
- ☐ Multiple Implants
- ☐ All-on-X (Upper and Lower)
- ☐ Implant #.....
- ☐ Other



EXTRACTIONS

- ☐ Extraction
- ☐ Wisdom Teeth
- ☐ Impacted Canines
- ☐ Expose & Bond
- ☐ Other



BONE & SOFT TISSUE

- ☐ Bone Grafting
- ☐ Ridge Augmentation
- ☐ Sinus Lift
- ☐ Soft Tissue Grafting
- ☐ Frenectomy
- ☐ Other



OTHER SERVICES

- ☐ TMJ Evaluation
- ☐ Orthognathic Surgery
- ☐ Facial Trauma
- ☐ Pathology / Biopsy
- ☐ Oral Lesion Evaluation
- ☐ Other

IMPLANT SYSTEM : ☐ Biohorizon ☐ Megagen ☐ Straumann ☐ TRI

NOTES

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📍 **FAIRFAX**
Tel: 703.263.8640
Fax: 703.263.8638

📍 **FREDERICKSBURG**
Tel: 540.225.2259
Fax: 540.225.2253

📍 **MANASSAS**
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Fax: 703.382.2282

📍 **STAFFORD**
Tel: 540.767.3653
Fax: 540.669.1119

WWW.GWOMFS.COM

PATIENT INSTRUCTIONS



If general anesthesia or sedation is required, please do not eat or drink for at least 8 hours before appointment.



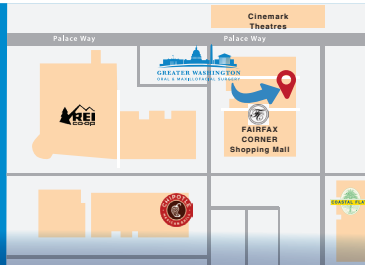
You will need to arrange a driver/escort who can remain in the office and drive you home.



Minors must be accompanied by a parent or legal guardian.

FAIRFAX

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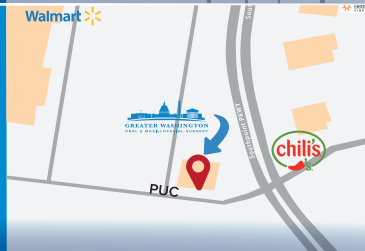


SCAN FOR DIRECTIONS



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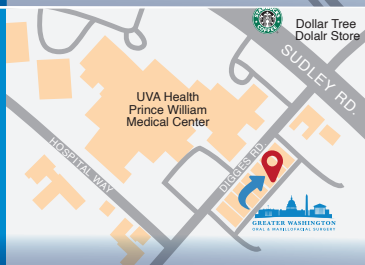


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