



AustinOralSurgery.com

Please check (✓) the doctor & office you are referring to then send to referrals@austinoms.com or fax to (512) 498-0124

REQUIRED FIELDS - Please fill out completely

Date \_\_\_\_\_ DOB \_\_\_\_\_

Patient's Legal Name \_\_\_\_\_  
First Name Last Name

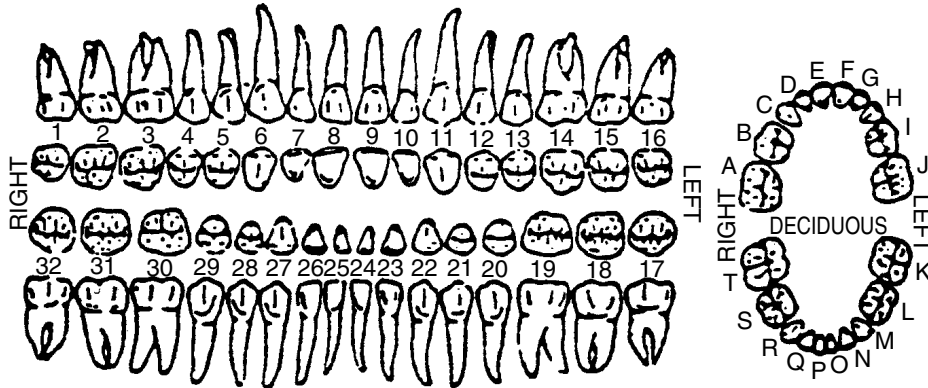
Pt. Ph. No. \_\_\_\_\_ Email \_\_\_\_\_

Referring Dr. \_\_\_\_\_  
First Name Last Name

Referring Dr. Phone No. \_\_\_\_\_

Current X-Ray? Yes No Date Taken: \_\_\_\_\_

- Please extract (mark with X)
Surgical exposure of impacted tooth (please circle)



- Orthognathic
Biopsy of \_\_\_\_\_ Location: \_\_\_\_\_
Dental Implant # \_\_\_\_\_ Preferred System: \_\_\_\_\_
Other

Comments \_\_\_\_\_

- Central Austin Medical Science Center
North Central Austin BB&T Building
Lakeway One Lakeway Centre Court
Marble Falls - Plaza West
La Grange - Corner Stone Dental
Dripping Springs 1015 Mighty Tiger Trail
South Austin - Stonegate One
Cedar Park 1785 E. Whitestone Blvd.
Georgetown - Sonrisa
San Marcos - Stagecoach Professional Center
Temple - Temple Office Park
Harker Heights 2030 Heights Drive
James C. Fuselier, DDS, MD
Fred J. Voorhees, DDS, MSD
Andrea L. Quaroni, DDS, MD
Thomas S. Weil, DDS, MD
Travis W. Kern, DDS, MD
Robert B. Hunsaker, DDS, MD
Travis W. Kern, DDS, MD
James C. Fuselier, DDS, MD
Russell D. Cunningham, DDS, MD
Daniel Szalay, DDS
Michael P. Ding, DDS, MD
Craig Knell, DDS, MD
William C. Cain, DDS, MD
Jeremy D. Leland, DDS, MD
Tyler C. Wildey, DDS, MD
William C. Cain, DDS, MD
Jeremy D. Leland, DDS, MD
Robert B. Hunsaker, DDS, MD