FWOS
Fort Worth Oral Surgery

☐ GREGORY B. SCHEIDEMAN, DDS
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P: 817.731.2789 | F: 817.207.9980

TREATMENT REQUEST

PATIENT INFORMATION

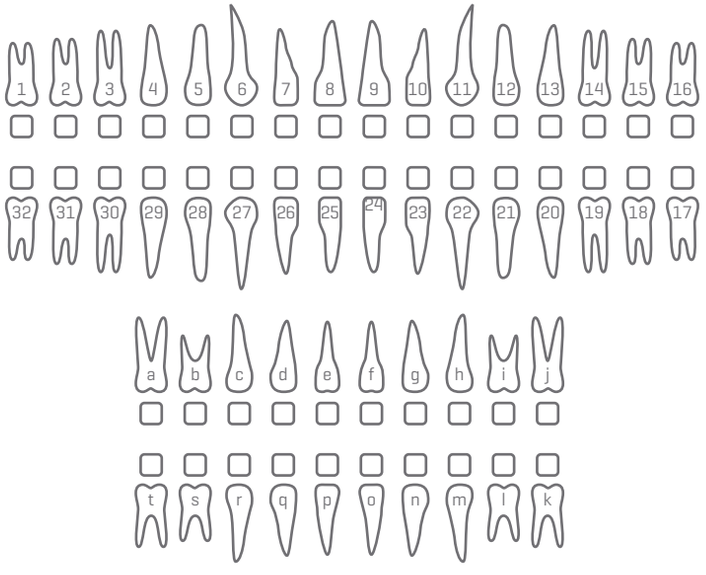
Legal Name _____ Phone _____ DOB _____

Referred By _____ Doctor's Phone _____

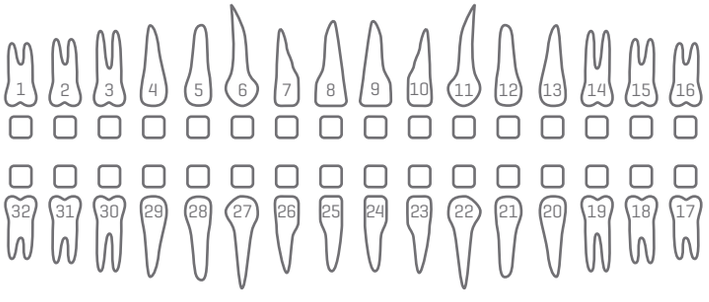
Today's Date _____ Appointment Date _____ Appointment Time _____

REFERRED FOR

☐ **Extraction** *(mark an X in the appropriate box)*



☐ **Implants** *(mark an X in the appropriate box)*

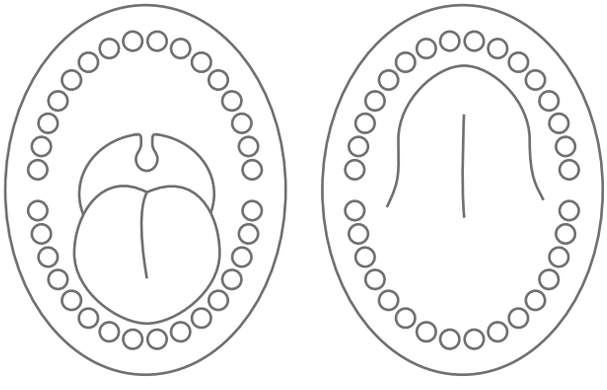


☐ Fixed Hybrid Prosthesis (All-on-4)

Type of Implant
- ☐ *Tissue Level*
  Provide Abutment ☐ *Y* ☐ *N*
  - ☐ Solid Abutment
  - ☐ Locator Abutment
- ☐ *Bone Level*
  (impression coping and analog provided)

Preferred System
- ☐ *Straumann*
- ☐ *Nobel Biocare*

☐ **Lesion Evalution** *(mark an X in the appropriate area)*



COMMENTS

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RADIOGRAPHS/PHOTOS

☐ Sent through Leading Reach ☐ Sent via encrypted email to _____ ☐ Mailed ☐ Given to Patient ☐ No X-Rays Available

DOCTOR SIGNATURE

X _____

please fax this form to FWOS at 817.207.9980 before sending this form with your patient

FWOS

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WWW.FWOS.COM

PATIENT INSTRUCTIONS

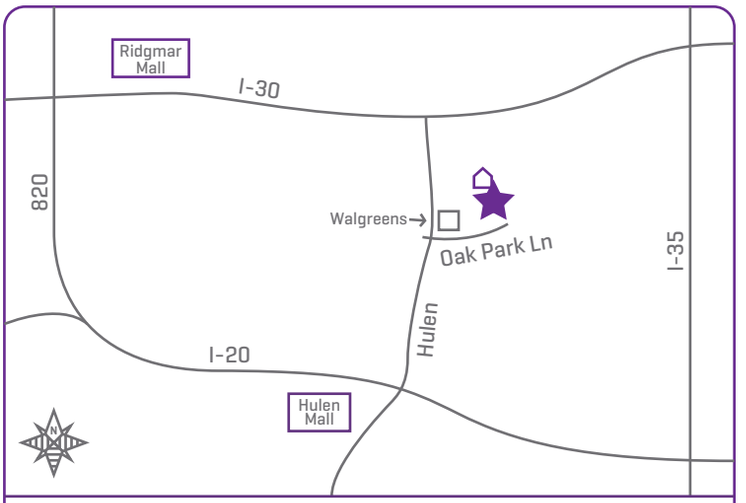
Thank you for choosing Fort Worth Oral Surgery! We look forward to meeting you.

Please complete your online registration form at www.fwos.com.

Normally your first visit is a consultation/evaluation visit only.

If it is an emergency and pre-operative consultation is not possible, please have someone accompany you to the office for homeward transportation. No food or liquids should be taken by mouth for 6 hours prior to appointment.

Please bring this treatment request with you. Minors must be accompanied by parent or guardian.



DIRECTIONS

From I-30 exit Hulen and go south to Oak Park Lane. Turn east 1 block (behind Walgreens).

From I-20 (Loop 820) exit Hulen and go north to Oak Park Lane. Turn east 1 block (behind Walgreens).

NOTES