**TREATMENT REQUEST**

**PATIENT INFORMATION**

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<th>Legal Name</th>
<th>Phone</th>
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**Referred By**

**Doctor’s Phone**

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<tr>
<th>Today’s Date</th>
<th>Appointment Date</th>
<th>Appointment Time</th>
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**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
      - Solid Abutment
      - Locator Abutment
    - **Bone Level**
      - (impression coping and analog provided)
  - **Preferred System**
    - Straumann
    - Nobel Biocare

- **Lesion Evaluation** [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*
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].