



HUNTER OMS
Oral & Maxillofacial Surgery

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☐ **Dr Benjamin Gupta**
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☐ **Dr Alan Samakeh**
Provider No: 651244KB

PATIENT INFORMATION

Date: _____ Introducing: _____
Patient DOB: _____ Patient Phone: _____
Patient Email: _____

REFERRER INFORMATION

Doctor Name: _____
Doctor Provider No: _____ Doctor Phone: _____
Doctor Practice Address: _____

REGARDING

- ☐ Removal of indicated tooth/teeth
- ☐ Oral pathology
- ☐ Dental implants
- ☐ Corrective jaw surgery
- ☐ Neck lumps
- ☐ Other reasons for referral/comments
- ☐ Facial trauma/bone fracture
- ☐ Exposure and/or bond of impacted teeth
- ☐ TMJ disorders
- ☐ Salivary gland problems
- ☐ Bone graft/sinus lift

REFERRING DOCTOR'S SIGNATURE

