



**SUMMIT**  
ORAL SURGERY  
& IMPLANTS

**Dr. Paul Buck DDS, MD**  
**Dr. Jeff Burstein DDS, MD**

Board Certified Oral and  
Maxillofacial Surgeon  
P: (503)366-4248

DATE: \_\_\_ / \_\_\_ / \_\_\_

REFERRING DOCTOR: \_\_\_\_\_  
FIRST NAME LAST NAME

REFERRING DR. OFFICE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PATIENT: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  
FIRST NAME LAST NAME

PHONE NUMBER: \_\_\_\_\_  Call Patient  Patient Will Call

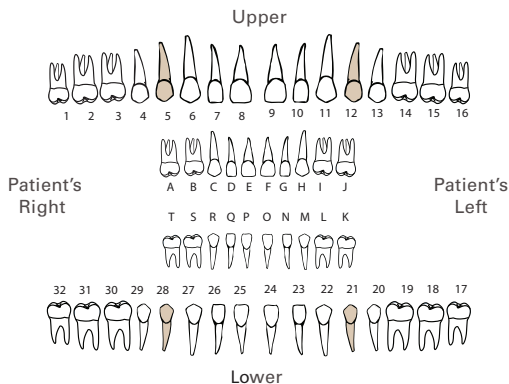
APPOINTMENT DATE: \_\_\_ / \_\_\_ / \_\_\_ TIME: \_\_\_\_\_

**X-RAYS:**

- Patient will bring  Are being sent  
 Please take  Date taken  
 Not necessary  Via email  Via mail

**EVALUATE PATIENT FOR:**

- Extraction of teeth  Exposure & bonding of teeth  
 Third molar removal  Pathology  
 Dental implant treatment  CT Scan only



**COMMENTS:**

**PLEASE NOTE**

1. Please call the office to make an appointment.
2. Patients in need of an interpreter must bring one to the appointments.
3. Please bring insurance cards and information.
4. Please note that in most cases the patient is seen first for consultation to review the health history, decide on the most appropriate anesthesia and treatment plan, and schedule the surgery at a separate appointment.
5. Minors must be accompanied by a parent or guardian.
6. If you must reschedule, please call to arrange another appointment 48 hours in advance. Appointments that are not cancelled 48 hours in advance will not be given another appointment.



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