SUMMIT
ORAL SURGERY
& IMPLANTS

**Dr. Paul Buck DDS, MD**
Board Certified Oral and
Maxillofacial Surgeon
**P: (503)366-4248**
**Email: office@emailsosi.com**

**DATE:** ___/___/___

**PATIENT INFORMATION:**

NAME: _____ DOB: ___/___/___
FIRST NAME LAST NAME

PHONE NUMBER: (___) _____ ☐ Call Patient ☐ Patient Will Call

EMAIL: _____

**REFERRING DOCTOR INFORMATION:**

NAME: _____
FIRST NAME LAST NAME

PHONE: (___) _____ EMAIL: _____

**X-RAYS:**

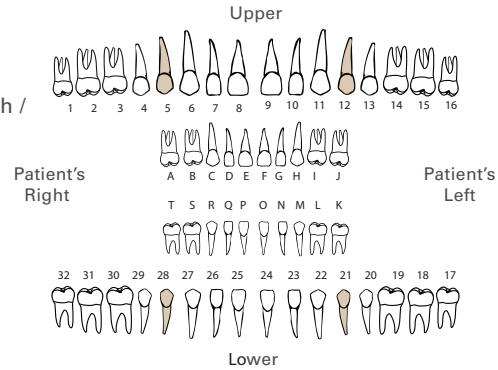
☐ Patient will bring
☐ Please take
☐ Are being sent via email
☐ Date taken

**EVALUATE PATIENT FOR:**

☐ Extraction of teeth
☐ Third molar removal
☐ Implants
☐ Pathology / Infection
☐ Bone / Tissue grafting
☐ Facial Trauma
☐ TMJ Dysfunction
☐ Exposure & bonding of teeth / Facilitate orthodontics
☐ Orthognathic sugery, sleep apnea
☐ Other - see comments

**CASE PLANNING:**

☐ Please discuss before treatment
☐ Please proceed with treatment




**COMMENTS:**

**PLEASE NOTE**

1. 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.
2. Please bring insurance cards and information.
3. Patients in need of an interpreter must bring one to the appointments.
4. Minors must be accompanied by a parent or guardian.
4. 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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