



Riverbend
ORAL SURGERY

CHARLES B. FELTS DDS
SPECIALIST IN
ORAL & MAXILLOFACIAL SURGERY
(ph) 423-541-5700

REFERRAL FORM

Referred by Dr. _____ Appointment Date _____

PATIENT: _____
First M.I. Last

Date of Birth: _____ Contact Number: _____

If patient is a minor please list responsible party: _____
Name Phone

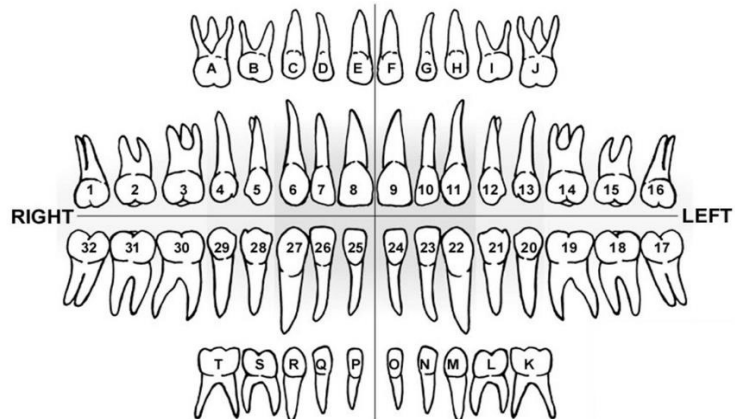
Primary Insurance: _____

Subscriber: _____

PURPOSE OF APPOINTMENT

- Wisdom Teeth
- Ridge Augmentation
- Tuberosity Reduction
- Extractions (#____)
- Alveoloplasty
- Dental Trauma
- Socket Preservation
- Expose / Bond
- Biopsy
- Sinus Augmentation
- Torus Removal
- Incision and Drainage

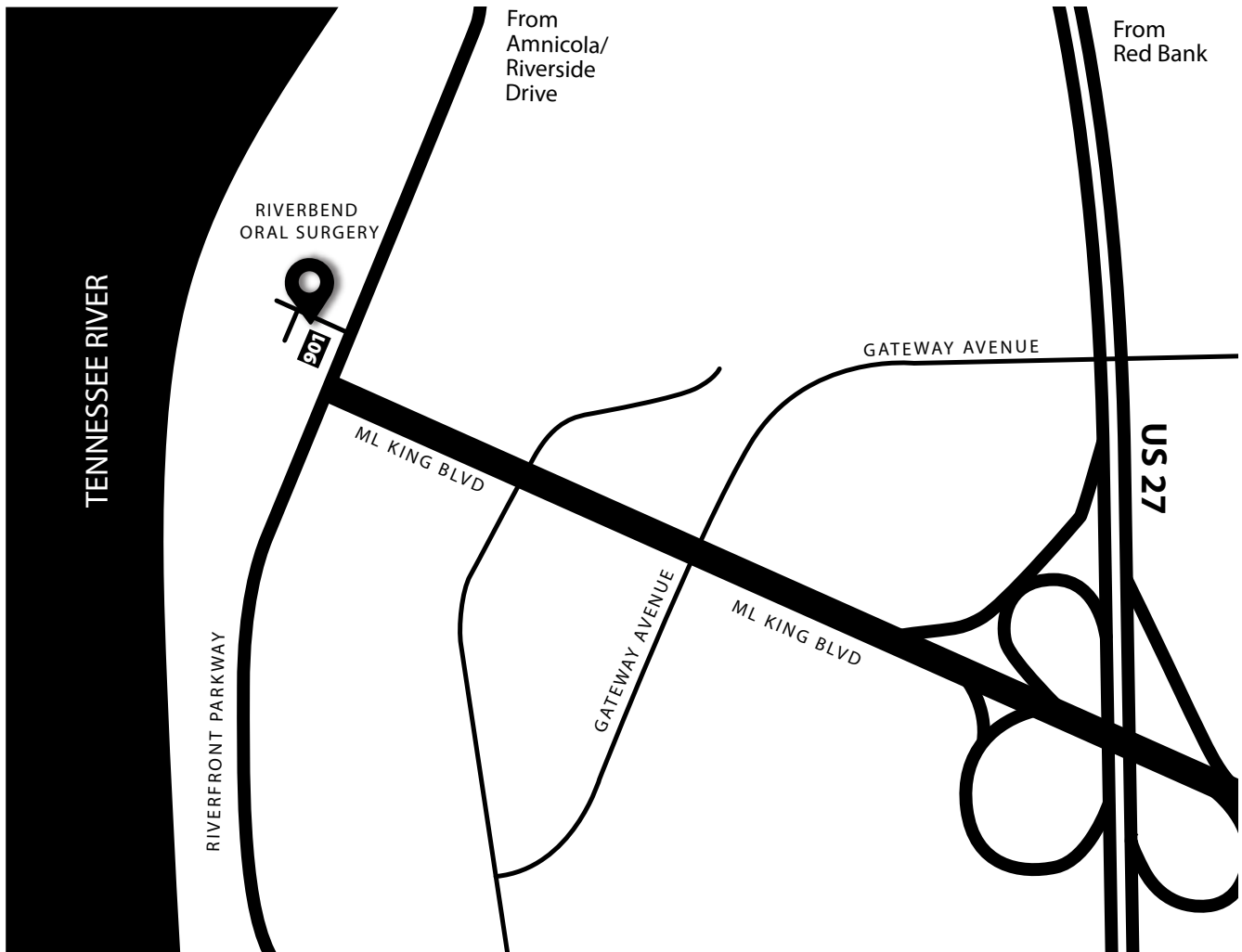
- Implant Treatment**
- Single Implant (#____)
- Implants for Overdenture
- Fixed / Hybrid
- Orthodontic Implants
- Please discuss and review multiple implant options



Comments: _____



Riverbend Oral Surgery
901 Riverfront Parkway, Suite 202
Chattanooga, Tennessee 37402
(ph) 423-541-5700
(email) scheduling@riverbendoralsurgery.com



DIRECTIONS TO OUR OFFICE:

- Take U.S. 27 to Downtown Chattanooga. Get off freeway on M.L. King West, turn left and go three blocks over hill to Riverfront Parkway (Building at intersection)
- From Downtown take M.L. King West to Riverfront Parkway (Building at intersection)
- From Amnicola Hwy/Riverside Drive. Continue past waterfront area and street becomes Riverfront Parkway (Building on Right).