



# Cascade

ORAL & FACIAL SURGERY

**Philip C. Mann, DDS, MD**  
Diplomate, American Board  
of Oral and Maxillofacial Surgery

16455 Boones Ferry Road, Suite B  
Lake Oswego, OR 97035  
**Phone** 503.482.7200 • **Fax** 503.482.7221

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Contact (Parent/Guardian) \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Patient Phone # \_\_\_\_\_

**RADIOGRAPHS:**

Emailed to [office@cascadeofs.com](mailto:office@cascadeofs.com)  Please Take  Sent with patient

**SERVICES:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Extractions        | <input type="checkbox"/> Alveoplasty / Tori    | <input type="checkbox"/> Sleep Apnea       |
| <input type="checkbox"/> Dental Implants    | <input type="checkbox"/> IV Sedation           | <input type="checkbox"/> Facial Trauma     |
| <input type="checkbox"/> Expose & Bond      | <input type="checkbox"/> Orthodontic Anchorage | <input type="checkbox"/> Bone Grafting     |
| <input type="checkbox"/> Pathology / Biopsy | <input type="checkbox"/> Orthognathic Surgery  | <input type="checkbox"/> Other (see below) |

**PLEASE CIRCLE TEETH TO TREAT:**

			A	B	C	D	E		F	G	H	I	J			
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17
			T	S	R	Q	P		O	N	M	L	K			

REMARKS / BRIEF DIAGNOSIS (CONFIRM TEETH #'S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

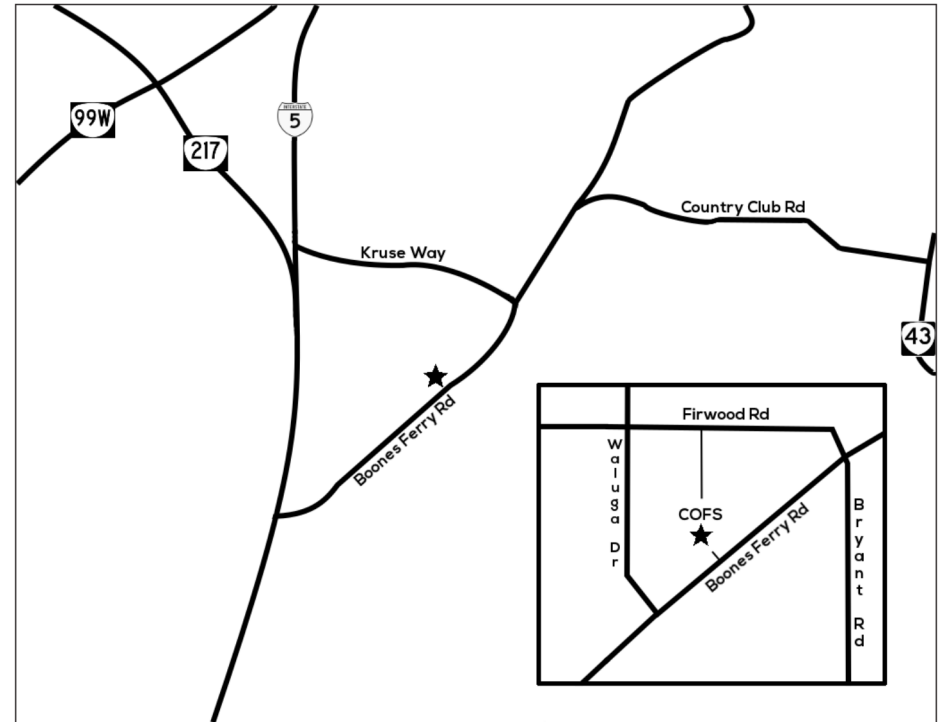
**APPOINTMENT:**

Date \_\_\_\_\_ Time \_\_\_\_\_

White - Patient Copy    Yellow - Chart Copy  
Referring Office: Please send a copy to:  
[office@cascadeofs.com](mailto:office@cascadeofs.com) or fax to 503-482-7221

**INSTRUCTIONS:**

- Please call to confirm your referral and appointment
- To save time, please fill out our patient registration form at [www.cascadeofs.com](http://www.cascadeofs.com)
- Please bring all insurance cards and paperwork if you wish us to bill your insurance company for services. Copayments are expected at the time of treatment
- Patients under the age of 18 MUST be accompanied by a parent or legal guardian
- Your appointment time has been reserved especially for you. In consideration of other patients who need urgent care, please notify our office 24 hours in advance of your appointment should you need to reschedule.



Please scan QR code  
with your mobile device  
for directions to our office



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**Ph: 503-482-7200**