



Cascade

ORAL & FACIAL SURGERY

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Oral and Maxillofacial Surgeons

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

Patient Name _____ Date _____

DOB _____ Contact (Parent/Guardian) _____

Phone number / email _____

Referring Doctor _____

RADIOGRAPHS:

Emailed to 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:

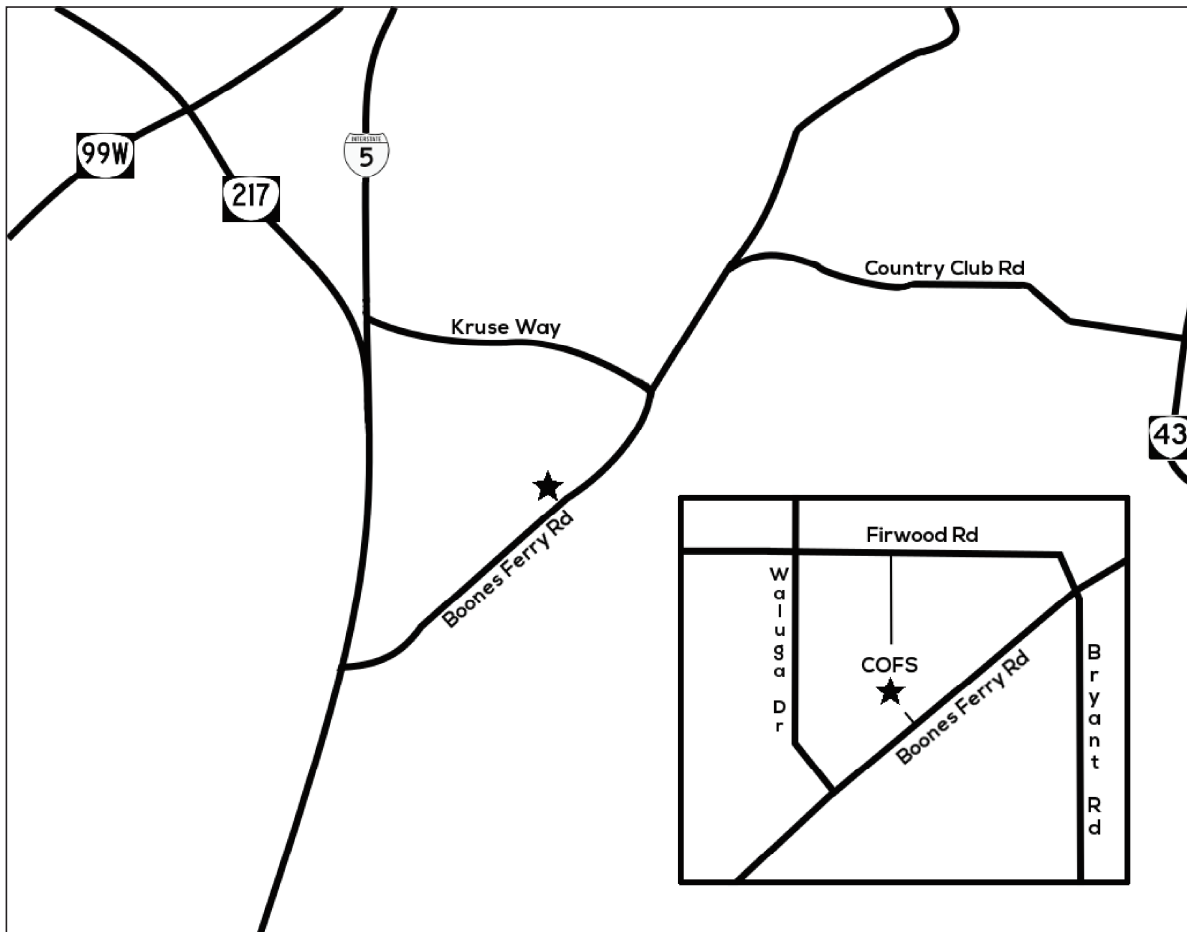
Date _____ Time _____

White - Patient Copy Yellow - Chart Copy

Referring Office: Please send a copy to:
office@cascadeofs.com 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
- 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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