

**Northwest Oral & Maxillofacial Surgery**  
**Ashoka Subedar, DMD, PS**

*Serving 2 Communities!*

• **Bellingham:** 200 Westerly Rd, Suite 102, 98225

• tel: **360.647.4262** fax: **360.527.0110**

• **Mount Vernon:** 230 South 15th Street, Suite A, 98274

• tel: **360.424.9860** fax: **360.424.9861**

***In our effort to provide better patient service, please review the patient instructions on the back. Thank you!***

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Doctor: \_\_\_\_\_

Introducing (full legal name) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Please call patient at

Home \_\_\_\_\_

Work/Cell \_\_\_\_\_

**Surgery Services requested (please check all that apply):**

Extraction, Tooth #: \_\_\_\_\_

Implants, Tooth #: \_\_\_\_\_

Bone Graft  Alveoplasty

Apicoectomy  Other

**Consultation for Reconstructive Surgery:**

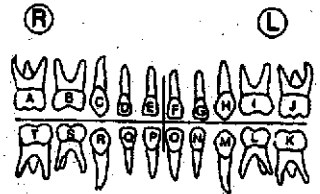
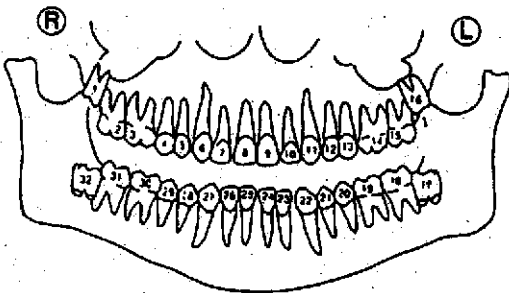
Orthognatic  Sleep Apnea

Other  Snoring

**Enclosed:**

X-rays  Please make x-rays  Other

Please "X" teeth/area to be treated



Doctor's Comments: \_\_\_\_\_

***Thank you, Ashoka Subedar***

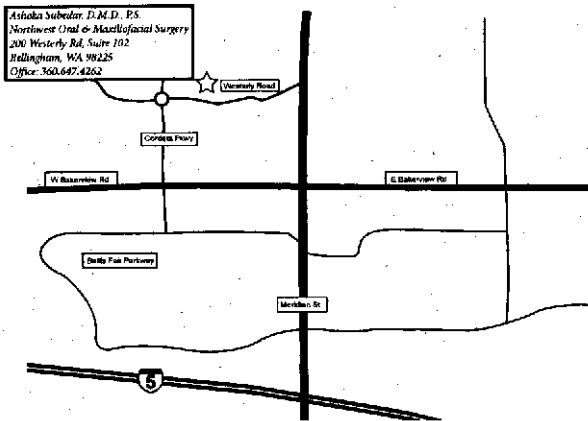
## PATIENT INSTRUCTIONS

- Please call or contact our office to schedule an appointment.
- For this appointment, please bring this referral slip, any pertinent insurance information and insurance card. This information allows us to efficiently identify benefits and estimate co-payments for you.
- A consultation is normally necessary prior to surgery, in order to evaluate the patient's medical history and anesthetic requirements.
- Any patient 18 years old and younger must be accompanied by a parent or guardian.

**To OUR VALUED PATIENTS:** Your appointment time is specially reserved for you. If you cannot keep your appointment, please inform the office 3 days in advance so the time may be given to another patient.

**Our offices are located** on the maps below. Our helpful office staff will gladly provide additional directions for your travel to our office.

### Bellingham



### Mount Vernon

