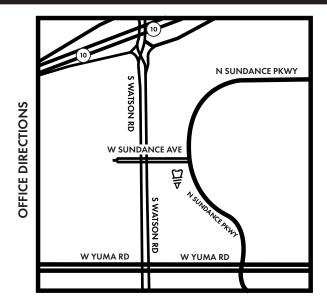


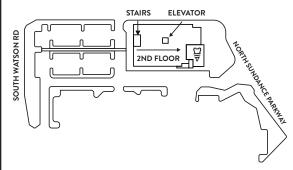
PATIENT NAME:								PHONE:									
REFERRING DOCTOR:								PHONE:									
	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 	13 J	14	15	16	
_	32	31	30	T 29	S 28	R 27	Q 26	P 25	O 24	N 23	M 22	L 21	K 20	19	18	17	
RIGHT																	
☐ Full Arch Implant Reconstruction ☐ Immediate / Delayed Implant(s) ☐ Wisdom Teeth Removal ☐ Extraction(s) ☐ Bone Grafting (Socket preservation, ridge augmentation, sinus lift, etc.) ☐ Soft Tissue Grafting (FGG, CTG, etc.)								 ☐ Impacted Teeth (E&B, TAD placement, etc.) ☐ Pre-Prosthetic Surgery (Tori removal, alveoloplasty, vestibuloplasty, etc.) ☐ Pathology / Biopsy ☐ IV Sedation / General Anesthesia ☐ Dental Emergency 									

Harrison D. Fryberg, DDS

Board Certified Oral & Maxillofacial Surgeon



BUCKEYE MEDICAL PLAZA



We are in suite 218

- Enter the building from the S Watson Rd side through the main glass doors.
- Take the elevator or stairs to the second floor.
- Walk straight down the hall to the end—you'll find our office there.

PATIENT INSTRUCTIONS

To schedule your appointment:

- Call or text 623-304-7701
- Email: contact@bdios.com
- Visit: bdios.com
- Scan QR code to the right

Please bring:

- 1. This referral slip
- 2. A list of all medications you are currently taking
- 3. A list of all treating physicians and specialists, including your Primary Care Physician, with their contact information
- 4. Your medical and dental insurance information
- 5. Valid photo ID

