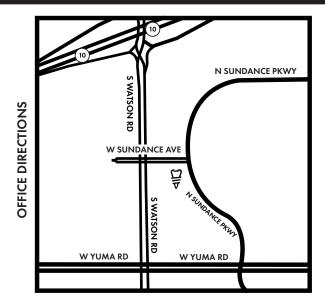


PATIENT NAME:	PHONE:
REFERRING DOCTOR:	PHONE:
PRACTICE:	PRACTICE EMAIL:
1 2 3 4 5 6 7 8 A B C D E	9 10 11 12 13 14 15 16 F G H I J
T S R Q P 32 31 30 29 28 27 26 25	O N M L K 24 23 22 21 20 19 18 17
RIGHT	LEFT
☐ Full Arch Implant Reconstruction ☐ Immediate / Delayed Implant(s) ☐ Wisdom Teeth Removal ☐ 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
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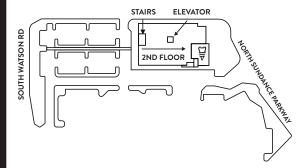
SCHEDULE

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

SCAN TO



SCHEDULE