



Oral Surgical Associates

Practice Limited to Oral and Maxillofacial Surgery

(406) 728-6840

1547 South Higgins Avenue
Missoula, MT 59801

Eugene F. Morris, D.D.S.
Armando A. Gama, D.D.S., Diplomate

Oral Surgical Treatment Request

Date: _____

Patient Name: _____ Patient Phone: _____

Patient Email: _____

Parent's Name if Patient is a Minor: _____

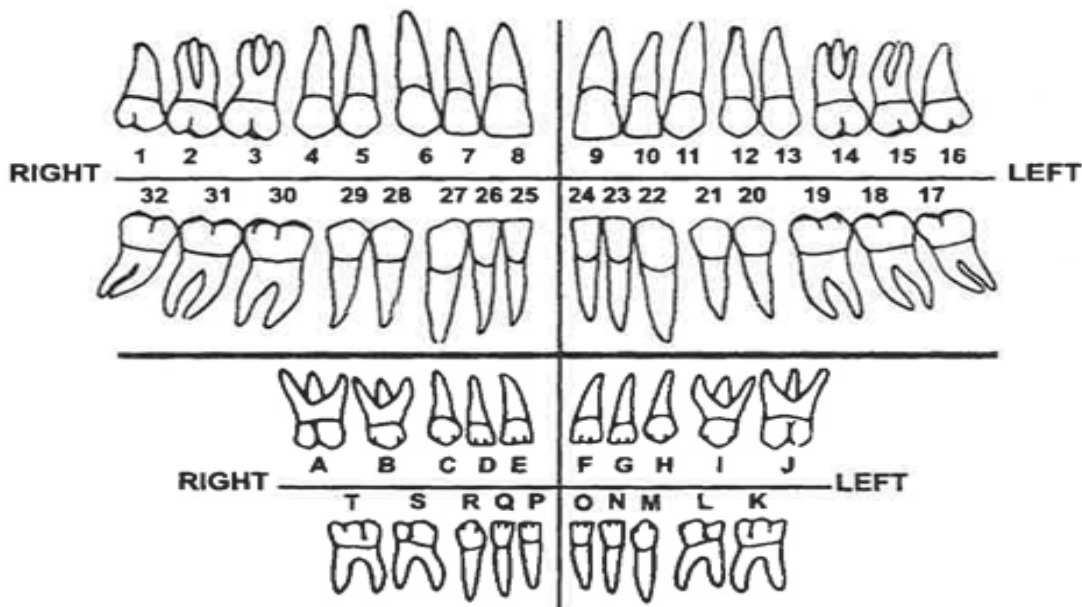
Patient's Date of Birth: _____

Referral Reason:

DENTAL DIAGNOSIS _____

- Extract Teeth as Marked Patient Interested in Implant Biopsy
- Expose and Bond Cone Beam CT Scan Other Procedure _____

Please Extract Teeth As Marked

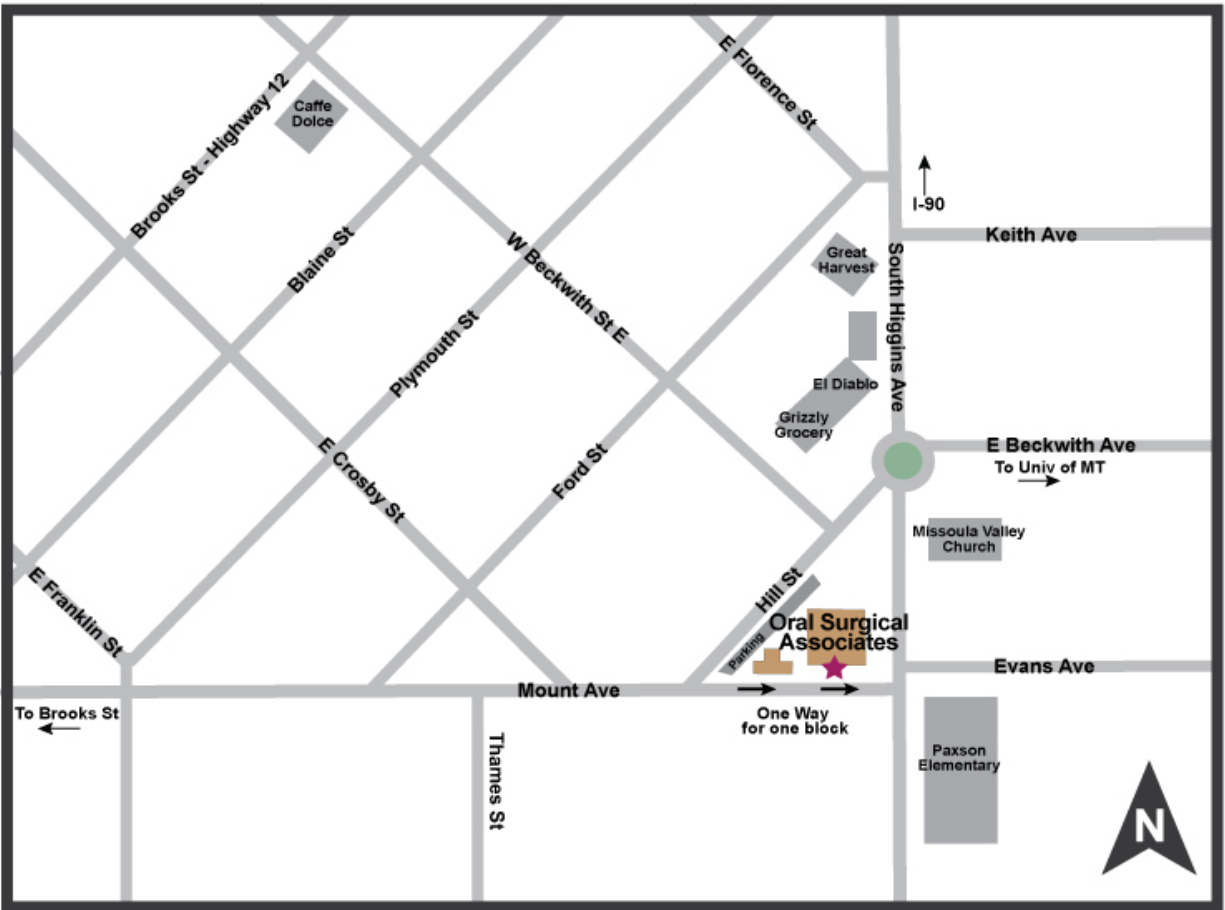


Comments: _____

X-ray will be: Emailed Mailed Sent with Patient Take Necessary Films

Email referral and x-ray to: xray@osamontana.com

Referred by: _____ Signature: _____



1. Please call to make initial appointment with our office, (406) 728-6840
2. Patients under the age of 18 must be accompanied by a parent or guardian at the time of surgery.
3. An examination or consultation may be necessary to determine the extent of surgery.
4. Estimates of surgical expenses are given only after a consultation exam with our doctors.
5. Patients having general anesthesia or I.V. sedation must:
 - a. Have a responsible individual available to stay in the office during the procedure, and to drive you home after the procedure.
 - b. Have no food or liquids of any type for at least 6 to 8 hours prior to appointment time, except necessary medications with a small sip of water to swallow them.
 - c. Wear a short sleeve shirt to facilitate I.V. placement.
6. If you have recent x-rays of the areas of concern please bring them with you.
7. Bring a listing of all current medications, as well as reasonable documentation or knowledge of medical conditions.
8. Please give 48 hours notice of cancellation.
9. All fees are payable at time of service unless other arrangements have been made before surgery.
10. Please consider pre-registering online at: www.oralurgicalassociates.com