

*Richard W. Kaplan M.D., D.D.S.*

## Oral and Maxillofacial Surgery Referral Form

Richard W. Kaplan, M.D., D.D.S.

Fax: (561) 420-0151

email: info@kaplanoralsurgery.com • If emergency Please Call: (561) 848-0553

Date of referral: \_\_\_\_\_

Referred by: \_\_\_\_\_ Office phone/email/fax: \_\_\_\_\_

Patient name/parent (for minors): \_\_\_\_\_

Patient phone: \_\_\_\_\_ Patient email: \_\_\_\_\_

Patient INSURANCE information: \_\_\_\_\_

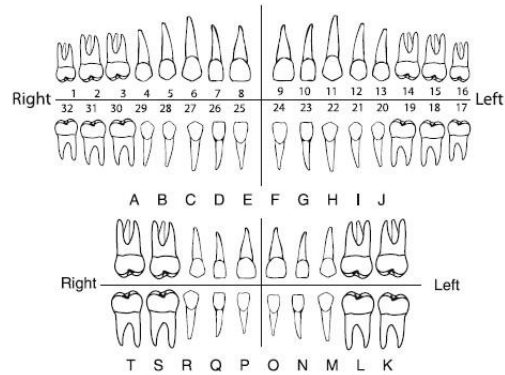
### Dentoalveolar surgery:

- Extraction teeth #s: \_\_\_\_\_
- Alveoplasty: \_\_\_\_\_
- Incision and drainage: \_\_\_\_\_
- Biopsy: \_\_\_\_\_
- Expose and bond: \_\_\_\_\_
- Frenectomy: \_\_\_\_\_
- Dentoalveolar trauma: \_\_\_\_\_
  
- IV Sedation: \_\_\_\_\_

Dental implants #: \_\_\_\_\_

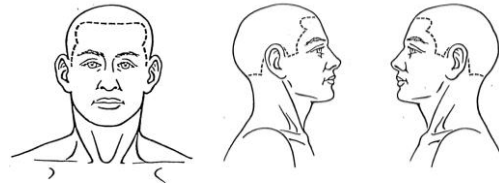
Pathology/Biopsy: \_\_\_\_\_

### Please mark teeth to be extracted on diagram



### Radiographs:

- Attached to this referral
- Will send by email: (info@kaplanoralsurgery.com)
- Will send by US mail
- None available



Indicate facial injury, swelling or other findings

### Medical History:

- Negative
- Significant: \_\_\_\_\_
- Special needs: \_\_\_\_\_

### Palm Beach Gardens Location

1951 Bomar Dr.  
Palm Beach Gardens, FL 33408  
(561) 848-0553

### Wellington Location

1200 Corporate Center Way  
Suite 102  
Wellington, FL 33414  
(561) 296-0245