Sarasota Oral & Implant Surgery

ORAL MAXILLOFACIAL SURGERY | DENTAL IMPLANTS | BOARD CERTIFIED

www.sarasotaoms.com

Please fax or email to: **Dr. Roemer | Dr. Reuter | Dr. Middleton**

☐ 2130 S Tamiami Trail, Sarasota, FL 34239 Ph: 941.365.3388 Fax: 941.954.0521
Dr. Reuter | Dr. Roemer office@sarasotaoms.com

☐ 2902 Bee Ridge Rd, Sarasota, FL 34239 Ph: 941.926.9100 Fax: 941.926.9105
Dr. Middleton frontdesk@srqimplant.com

☐ 200 N Tamiami Trail # F, Venice, FL 34285 Ph: 941.263.7343 Fax: 941.484.3761
Dr. Roemer | Dr. Reuter | Dr. Middleton veniceoffice@sarasotaoms.com

DIRECTIONS

SCAN ME

Introducing_____ Date of Birth_____

Phone _____ Date: _____

Referred by Dr._____ To be contacted by office? ☐ YES ☐ NO

Patient Email _____ (for paperwork)

Remarks _____

_____

Radiographs ☐ Please Take (CBCT required for implant evaluation)

☐ Will Be Provided ☐ Pano ☐ PA ☐ CT ☐ FMX

Date of X-Ray(s) _____ ☐ Mailed ☐ Emailed ☐ Given to Patient

			A	B	C	D	E		F	G	H	I	J			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R																L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
				T	S	R	Q	P	O	N	M	L	K			

☐ Extract Indicated Teeth #(s)

Implant Replacement ☐ Yes ☐ No

Provisional ☐ Yes ☐ No

☐ Dental Implant Evaluation

☐ Full Arch Planning

☐ Bone Graft Evaluation

☐ Other _____

☐ Torus Removal

☐ TMJ Evaluation

☐ Oral Pathology

☐ Ortho Exposure / Bonding / Anchorage #_____

Dr. _____

please sign