

# Oral Surgery Associates

Practice Limited to  
Oral, Maxillofacial  
& Implant Surgery

Dr. David S. Evaskus  
Dr. Louis E. Halkias

Dr. Steven Herzog  
Dr. Michael Papadimitriou

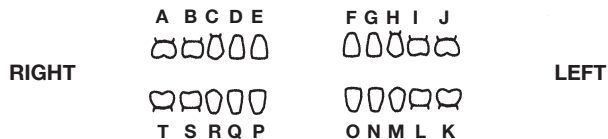
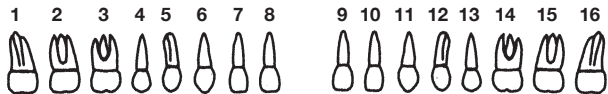
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www.osachicago.com

Patient's Name \_\_\_\_\_

Please indicate teeth to be extracted -



- Local Anesthesia     Sedation     General Anesthesia  
 X-rays given to pt.     X-rays mailed     X-rays to be taken

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

**PATIENTS: READ INSTRUCTIONS ON OPPOSITE SIDE**

## INSTRUCTIONS FOR THE PATIENT

1. Please bring this referral slip with you the day of your appointment.
2. If you are taking any medications, please bring their names with you. The names are usually printed on the prescription bottle.
3. Please bring medical and dental insurance information with you.
4. Payment is expected at the time of service unless prior arrangements are made.



Appointment: \_\_\_\_\_