WALSH
ORAL SURGERY & DENTAL IMPLANT SPECIALISTS

CAMERON J. WALSH, DDS, MD
STEFAN VILA, DDS, MD
KEVIN M. SIMS, DMD, MS

Doctor referral form

* Required fields. Select one preferred office below. All other fields are optional.

Date

Doctor

◯ Dr. Cameron J. Walsh ◯ Dr. Stefan Vila ◯ Dr. Kevin M. Sims

Referral By *

Office Phone *

Patient's Name *

Patient's Phone *

Patient's DOB

Preferred Language

◯ English ◯ Spanish ◯ Other:

REFERRING FOR

Select all that apply

- ☐ Third Molar Extraction
- ☐ Full Arch Implants / Prosthetics
- ☐ Orthodontic Exposure & Bracket
- ☐ Pre-Prosthetic/Crown lengthening
- ☐ Gingival Recontouring
- ☐ Soft Tissue Grafting
- ☐ Periodontal Surgery
- ☐ Extraction
- ☐ Implants
- ☐ Biopsy
- ☐ Other:

RADIOGRAPHS

◯ Being Mailed ◯ Being Emailed ◯ Being Faxed ◯ Patient Carrying

TEETH INDICATED

Circle all teeth indicated for consult or treatment

	Patient's right															Patient's left
Upper primary				A	B	C	D	E	F	G	H	I	J			
Upper permanent	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lower permanent	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Lower primary				T	S	R	Q	P	O	N	M	L	K			

NOTES / SPECIAL INSTRUCTIONS

PREFERRED OFFICE *

Select one office for the patient's visit

◯ **Hoover**
Birmingham
2074 Valleydale Rd.
Birmingham, AL 35244
P (205) 289-8850
F (205) 289-8658
hoover@walshoralsurgery.com

◯ **Prattville**
Montgomery
711 Kornegay Dr.
Prattville, AL 36066
P (334) 325-5810
F (334) 325-5812
prattville@walshoralsurgery.com

◯ **Trussville**
Gardendale
5750 Bentley Way
Trussville, AL 35173
P (205) 900-9473
F (205) 729-7222
trussville@walshoralsurgery.com

Contact your preferred office for instructions on returning this completed form.

walshoralsurgery.com/refer