WALTER K. MURPHY, DDS
Oral & Maxillofacial Surgery

Referral for Oral & Maxillofacial Surgery

Diplomate, American Board of Oral & Maxillofacial Surgery

Lee Davis Medical Park
7009 Lee Park Rd.
Mechanicsville, VA 23111
Tel: (804) 746-1864 • Fax: (804) 746-4158
Toll Free: 1-800-718-7396

Teakwood Office Park
1413 Tappahannock Blvd., Suite 5
Tappahannock, VA 22560
Tel: (804) 443-5232 (Tuesday's Only)
All other times use Toll Free 1-800-718-7396

INTRODUCING: _____ **Date:** _____

Referral Requested For:

- ❑ Extraction
- ❑ Incision and Drainage
- ❑ Apicoectomy
- ❑ Expose and Bond Bracket
- ❑ Lesion Evaluation
- ❑ Biopsy
- ❑ Alveoloplasty
- ❑ TMJ Evaluation
- ❑ Implants (Region) _____
- ❑ Other _____

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
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32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

Special Instructions _____

Radiographs:

- ❑ Being Mailed
- ❑ Given to Patient
- ❑ Please Take
- ❑ Other _____

Referred By:

Dr. _____

Thank You!

Please review patient instructions & directions on the reverse side.