



Rekos & Border Oral Surgery

The Dental Implant Specialists

Gregory A. Rekos, DDS, MS

Michael B. Border, DDS, MD

Certified by the American Board
of Oral & Maxillofacial Surgery

5155 Bradenton Avenue

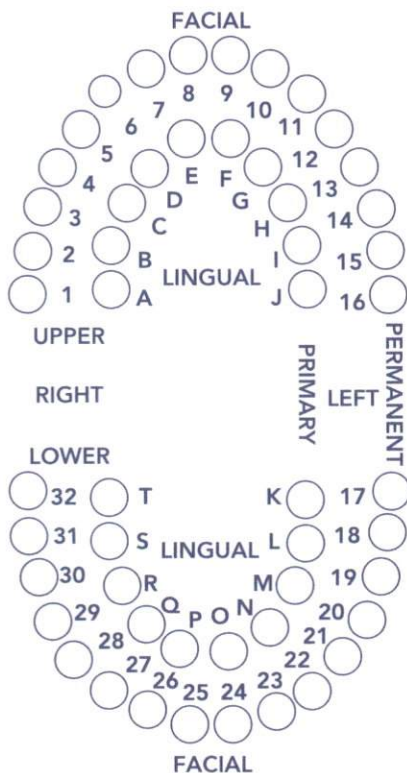
Suite 100

Dublin, Ohio 43017

phone (614) 764 9455

fax (614) 526 3745

www.omfso.com



PATIENT NAME : _____

DATE : _____

PATIENT DOB : _____

REFERRAL : _____

PATIENT DIAGNOSIS: _____

PROCEDURE / CONSULTATION REQUESTED : _____

REFERRAL COMMENTS (PREFERRED IMPLANT SYSTEM) : _____

ADDITIONAL PROCEDURES & CONSULTATIONS:

3rd Molar Extractions

Dental Implants

All-on-4 Implant Therapy

Bone Grafting Procedures

Orthognathic Jaw Surgery

You may email a copy of this form
to us along with radiographs
and other pertinent information
to info@omfso.com.

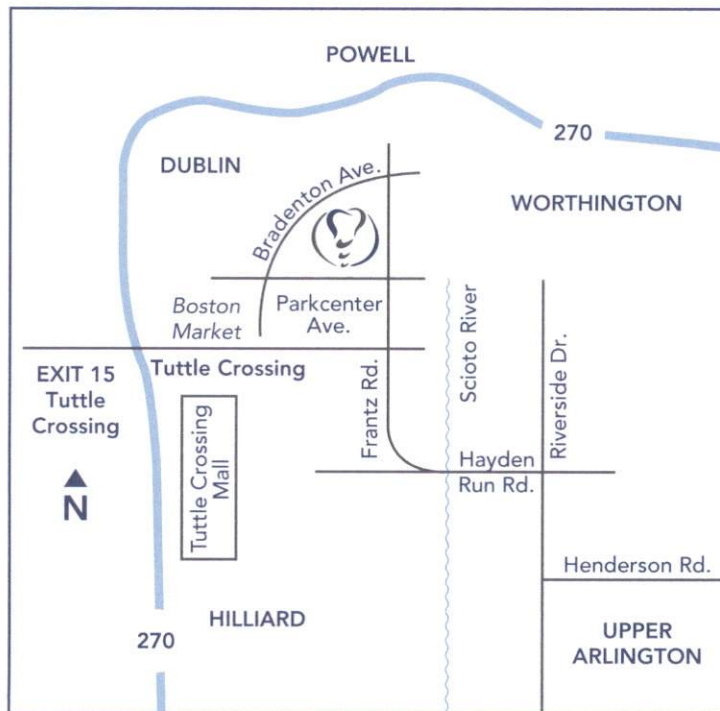
CONSULTATION

Please assist us on the day of your consultation by providing us with the following:

- Referral slip
- List of current medications
- Current insurance and photo ID card(s)
- Any relevant radiographs (X-ray, CT, MRI)



Any patient under the age of 18 is required to be accompanied by a parent or legal guardian.



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Official Team Doctors of
the Columbus Blue Jackets
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