Dr. Patrick Lucaci, D.D.S., M.D.
E-Care Dentistry, PA
2141 E. 151st St.
Olathe, KS 66062
Ph: 913-764-1018

Oral Surgery Referral Form

Patient Name:_____DOB:_____

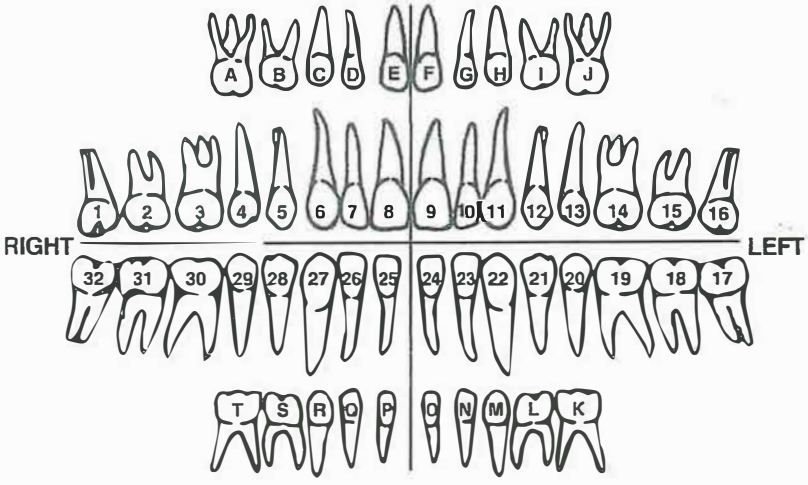
Patient Phone / Contact info:_____

Referring Dr.:_____ Phone #:_____

Referring Dr. Email:_____Today's Date:_____

Reason for referral: _____

INDICATE BY A CIRCLE OR X TEETH TO BE REMOVED



Does patient require pre-medication? Y / N

Antibiotic used_____

Radiographs:

____Please Take

____Patient will bring copy

____We will send by mail OR Email to: wecare@ecaredentistry.com