



STARR

ORAL SURGERY

Austin C. Starr, DDS

Oral & Maxillofacial Surgeon

473 S. Landmark Ave. • Bloomington, IN 47403

812.318.1023 office • 812.318.1643 fax

contact@starroralsurgery.com

starroralsurgery.com

Patient: _____ DOB: _____

Legal Guardian: _____ Phone: _____

Dental Insurance: _____

Referred By: _____

			A	B	C	D	E		F	G	H	I	J				
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	
			T	S	R	Q	P		O	N	M	L	K				

___ Extractions

___ IV Sedation / Anesthesia

___ Bone Grafting

___ Plasma Therapy

___ Dental Implants

___ Other: _____

Radiographs

- Sent by Mail
- Given to Patient
- Sent by Email to:
contact@starroralsurgery.com
- CBCT / 3D Image Requested

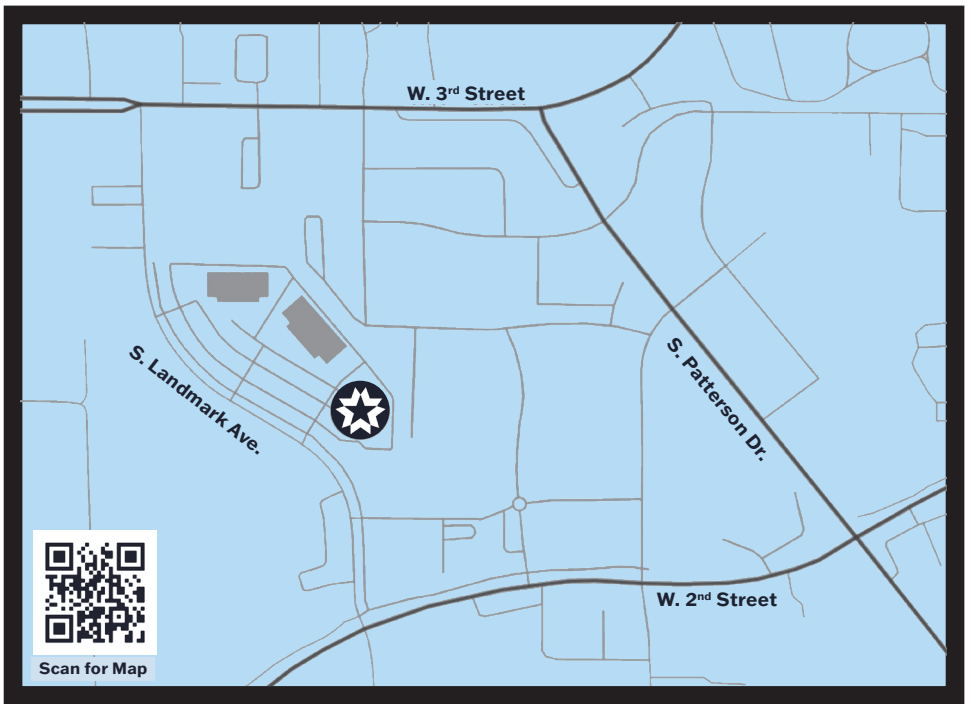
Prosthetic Plan

Maxilla: _____

Mandible: _____

Remarks: _____

Doctor Signature: _____ Date: _____



Appointment Checklist:

- Prior to scheduling an appointment please provide our office with the following:
 - **X-Ray(s)**
 - **Referral sheet**
 - **Dental Insurance Information** (If applicable)
 - **Form of Identification** (Ex: Driver's License)
- **NEW** Patient forms **MUST** be completed **24 hours prior** to scheduled appointment. Visit our website: www.starroralsurgery.com
- Arrive **15 minutes early** to scheduled appointment
- Patients under 18 (minors) **MUST** be accompanied by a legal guardian
- If you routinely take oral medication, please call our office for instructions



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