

Dr. Kevin Monteleone & Dr. Michael Kessler

### South Tampa Oral Surgery

4014 West Estrella Street, Suite B • Tampa, Florida 33629 • (813) 250-9440

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

*To expedite your patient care, we request that you please fax this information with your current insurance verification if available. Thank you!*

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

From Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

**• Please fax to our office at 813-250-9442 •**

*NOTE TO DOCTOR & STAFF REFERRING PATIENT: If any unusual circumstances should be known about the patient, please notify our office when appointment is made.*

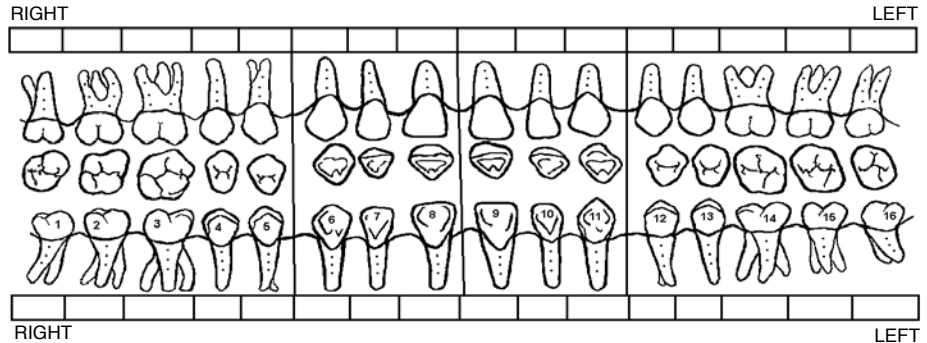
Please evaluate my patient for -

Extractions

DECIDUOUS TEETH:

A B C D E F G H I J

T S R Q P O N M L K



Pre-Prosthetic: \_\_\_\_\_ Tori \_\_\_\_\_ Ridge Augmentation  
 \_\_\_\_\_ Frenectomy \_\_\_\_\_ Alveoloplasty  
 \_\_\_\_\_ Vestibuloplasty \_\_\_\_\_ Other: \_\_\_\_\_

Bone Graft: \_\_\_\_\_

Dental Implant: \_\_\_\_\_

Biopsy (Rule out/differential, color, size, location): \_\_\_\_\_

Other - Orthognatic/Trauma/Remarks: \_\_\_\_\_

Anesthesia Preference:  Local  N<sub>2</sub>O/O<sub>2</sub>  Analgesia  General Anesthesia/Sedation

*NOTE: Minors MUST be accompanied by their parent or legal guardian.*