RICHMOND
ORAL AND FACIAL SURGERY

Dr. Richard Chau, DMD, MD, FRCD(C)
Certified Specialist in Oral and Maxillofacial Surgery

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Date:______________

Patient Name:____________________________ Referring Doctor:______________
Last First

DOB:______________ Doctor's Phone #:______________

Phone #:____
Home Mobile Work

App. Date:______________ App. Time:________

Insurance Carrier:________________________ Policy #:______________

Employer:________________________ ID #:______________

Basic %:_____ Annual Max:______

Plan Holder Name:________________________ DOB:______________
Last First

Reason for Referral:

			55	54	53	52	51	61	62	63	64	65			
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
			85	84	83	82	81	71	72	73	74	75			

- ☐ Extraction
  - ☐ As Marked Above
- ☐ Implants
  - ☐ As Marked Above
- ☐ Sedation
- ☐ Bone Grafting
- ☐ Panorex
- ☐ Cone Beam CT
- ☐ Oral Lesion/Pathology
  - ☐ Request Biopsy
- ☐ Exposure/Uprighting
- ☐ TMJ

Remarks: ____

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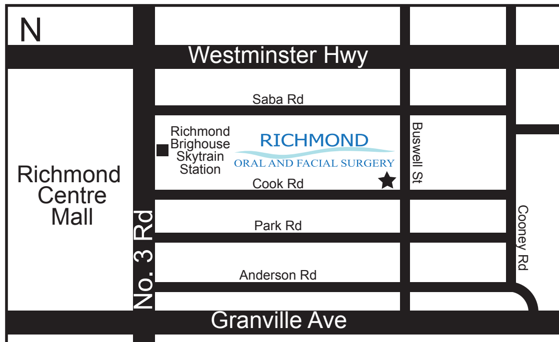
Please mail hardcopy radiographs or email digital radiographs to us. Tear off below & give to patient:



Appt. Date:______________

Time:______________

Please give us 48 hours notice if you are unable to keep this appointment.

周力口腔頜面外科專科醫生
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