



DENTAL SURGEONS & IMPLANT CENTERS OF FALL RIVER AND DARTMOUTH

Dr. John Marshall, D.M.D.
Board Certified Board
Oral Maxillofacial Surgeon

Dr. Mark Milano, D.D.S.
Board Certified Board
Oral Maxillofacial Surgeon

Dr. Kate Crowley, D.M.D.
Periodontist

REFERRAL SLIP

Date: _____

Patient: _____ Referring Doctor: _____

Remarks: _____

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
R-----L																
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

	A	B	C	D	E		F	G	H	I	J	
R-----L												
	T	S	R	Q	P		O	N	M	L	K	

Radiographs: _____ Given to Patient _____ Sent by Mail _____ E-Mailed

Does patient need antibiotic prophylaxis fro dental treatment? _____ Yes _____ No

OFFICES LOCATED AT:

180 Elsbree Street • Fall River, MA 02720
Phone: (508) 672-1069 • Fax: (508) 672- 3848

516 Hawthorn Street • North Dartmouth, MA 02747
Phone: (508) 992-0339 • Fax: (508) 992-0988

* If you are scheduled for general anesthesia or sedation, you must have
nothing to eat or drink for 8 hours prior to surgery.
You must have a ride with you.

www.dentalsurgeonsma.com