

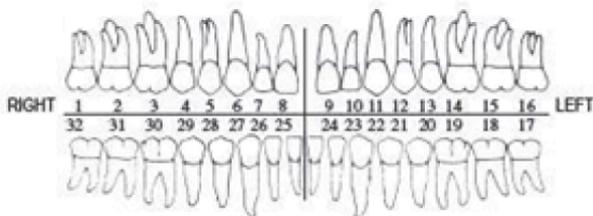
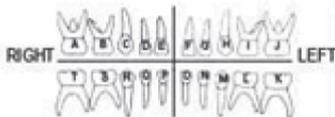


Akron Highland Oral Surgery Associates
Oral/Maxillofacial & Implant Surgery
3500 West Market St.
Akron, OH 44333
PH#: 330-668-1001 email: AkronOMS2@brokloff.com

Dr. John Brokloff, DDS and Associates

Patient Name: _____

Referred by: _____



Select Indication(s):

- extraction
- wisdom teeth
- dental implant
- all on 4
- pathology
- expose & bond

Comments to Surgeon: _____

INSTRUCTIONS TO PATIENTS:

- * Please bring referral card and X-Ray
- * Please bring current insurance card
- * Minors (under 18 years) must have a parent or guardian present or written consent from them at the time of appt.

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