

Referral Card



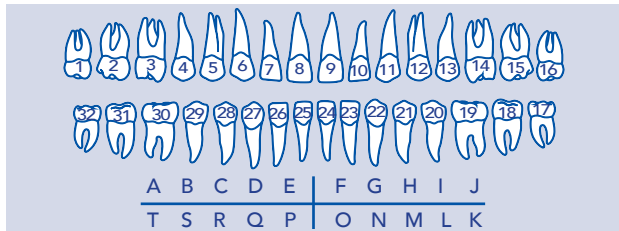
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Referral Card

Patient: _____ Date: _____

Referring Dr: _____



Comments: _____

Radiographs: Given to Patient Email Mail Please take

Consultation: Extractions Wisdom Teeth TMJ Implants Infection

Pathology Orthognathic Surgery Bone-grafting

Exposure Cosmetics Trauma Hospital Level Care

Patient Instructions:

1. Please call either our Englewood Cliffs office at 201.567.7500 or our Bergenfield office at 201.385.0775 to schedule your appointment.
2. Please make sure to bring this referral card along with any x-rays and insurance information to your first scheduled appointment.
3. A legal guardian must accompany anyone under the age of 18.
4. If you are a candidate for IV sedation then details will be provided during your initial consultation visit. Please call with any questions.