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**Save time by pre-registering  
online at [www.dceoOMS.com](http://www.dceoOMS.com)**

**DORAN, CAPODICE, EFAW & OCHELTRIE LLC**

109 N. REGENCY DR.  
BLOOMINGTON, IL 61701  
ORAL & MAXILLOFACIAL SURGERY  
FACIAL COSMETIC SURGERY  
DENTAL IMPLANTS

Date 05/13/2019 Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**PRE-OPERATIVE INSTRUCTIONS:** Please arrive 15 minutes prior to appointment and bring: medical history information, a list of medications you are taking, any drug allergies, and medical and dental insurance cards. Patients under the age of 18 or nursing home residents must have a guardian present. For patients undergoing sedation, please do not eat or drink for six hours before your appointment. Have a friend or family member drive you to and from your appointment and care for you for 24 hours following your appointment.

Referral Slip For:

Extraction (Please X tooth # below)       X-ray       Implants       Lesions  
 Facial Trauma       Other (please specify) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
			A	B	C	D	E	F	G	H	I	J				
R			T	S	R	Q	P	O	N	M	L	K			L	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

TAKE X-RAYS       SENDING X-RAYS WITH PATIENT       SENDING X-RAYS VIA MAIL

Dental Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_ ID \_\_\_\_\_ Birthdate \_\_\_\_\_

Remarks:

Referring Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

*Serving the Community for Over 25 years*