JACK CAPODICE, JR., M.D., D.M.D.
DAVID S. EFAW, M.D., D.D.S.
THOMAS C. OCHELTREE, JR., D.M.D.
ANTHONY ELGER, D.M.D.
TANEENOP (GIFT) ARAMPHONGPHAN, DMD

CAPODICE, EFAW, OCHELTREE & ELGER

WISDOM TEETH | ORAL SURGERY | DENTAL IMPLANTS

CONTACT INFORMATION
PHONE (309) 663-2526
FAX (309) 663-4788
WEBSITE:
www.dceoOMS.com

109 N. Regency Dr. Bloomington, IL 61701

Date _____ **Patient First Name** _____ **Last Name** _____

Birthdate _____ **Dental Insurance** _____ **Subscriber** _____ **ID** _____

REFERRAL

_____ Extraction (Please circle 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

RADIOGRAPHS

_____ Take x-rays at our office _____ Sending x-rays with patient _____ Sending x-rays via email (referral@dceoms.com)

Remarks _____

Referring Doctor _____ **Signature** _____

Serving the Community for Over 30 years

CAPODICE, EFAW, OCHELTREE & ELGER

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SCAN FOR DIRECTIONS TO OUR OFFICE

WHAT YOU NEED TO KNOW ABOUT YOUR APPOINTMENT

CONSULTATION

- Please fill out your patient registration paperwork online by visiting **www.dceoOMS.com**
- Please arrive at least 15 minutes prior to the appointment.
- Bring this referral slip and any other related items.
- Bring a list of your current medications.
- Bring your ID
- Medical / Dental insurance cards
- **Patients under 18 or nursing home residents must have a guardian present**

PROCEDURE

- For Local anesthesia or nitrous sedation, you do not have any eating or drinking restrictions.
- For IV anesthesia (going to sleep)
  - Do not eat or drink for eight (8) hours before your appointment, this includes water.
  - You must have a friend or family member drive you to and from the appointment, stay the entire time of the procedure, and care for you for 24 hours following your appointment.
- Take all your medications as usual with a small sip of water – unless otherwise instructed.

Questions? Give us a call at (309) 663-2526

We look forward to hearing from you!