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PATIENT REFERRAL

First Name		Last Name	
Birth Date		Phone	

Treatment Requested:

- ☐ Dental Implant(s):
 ☐ *3i* ☐ *Straumann* ☐ *Nobel*
☐ Extraction(s) ☐ Evaluate Lesion ☐ Surgical Exposure
☐ Other _____

Please Indicate Tooth to be Treated

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E	F	G	H	I	J	
T	S	R	Q	P	O	N	M	L	K	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Referring Provider Signature		Date	
Printed Name			

North Andover Medical Park (across from Bertucci's)
 203 Turnpike Street, Suite G-2
 North Andover, MA 01845

Appointment Date: _____ Time: _____

We require registration forms to be filled out
 prior to your visit. Please scan this QR code
 to be directed to our website



www.northeastoralsurgery.com