

JASON SCHROTENBOER DDS MD



3927 W BELMONT AVE, STE 101, CHICAGO, IL 60618 • FREE ONSITE PARKING

CALL 773 945 5005 | FAX 773 945 5004 | REFERRAL@ARBORVIEWSURGERY.COM

PATIENT NAME

REFERRED BY

PATIENT PHONE

CONTACT

DATE

EXTRACTIONS • IMPLANTS • BONE / TISSUE GRAFT • PATHOLOGY • ORTHO • TMJ / TMD • CONE BEAM CT
OTHER / COMMENTS

RADIOLOGY

■ PLEASE TAKE

■ EMAILED / MAILED

■ PAN / CBCT

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			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



YOUR SMILE, OUR SPECIALTY.

LET'S GET READY FOR YOUR VISIT

CONSULTATION



Bring this referral slip and other related items



Bring a list of your current medications



Bring your ID



Medical / dental insurance card



Patients under 18 must be accompanied by a parent or an authorized guardian

PROCEDURE



For local anesthesia or nitrous sedation, avoid big meals before your procedure



For IV anesthesia (going to sleep), do not eat or drink anything for at least **6 hours** before your procedure



Take all your medications as usual with a small sip of water – unless otherwise instructed



Make an appointment? Questions?

Call **773 945 5005**

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