

Houston Methodist Oral and Maxillofacial Surgical Associates



Date: _____

Referred by: _____

Referred to: Jaime Gateno, DDS, MD

Referred to: David Alfi, DDS, MD

Patient Name: _____

Reason for Referral:

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Cleft Lip and Palate | <input type="radio"/> Maxillofacial Reconstruction | <input type="radio"/> Sleep Apnea |
| <input type="radio"/> Dental Extractions | <input type="radio"/> Orthognathic Surgery | <input type="radio"/> TMJ |
| <input type="radio"/> Dental Implants | <input type="radio"/> Pathology | <input type="radio"/> Trauma |
| <input type="radio"/> Infections | <input type="radio"/> Preprosthetic Surgery | <input type="radio"/> Other _____ |

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



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