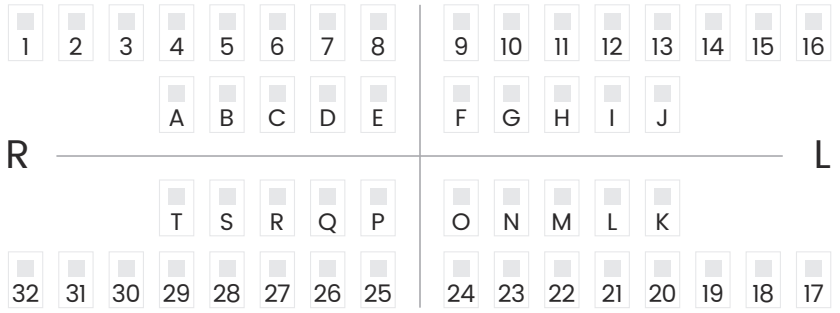
THIRD COAST
ORAL & MAXILLOFACIAL SURGERY

Christopher C. Niquette, DDS | AJ Lytle, DDS

Introducing:	Date:
Patient Phone:	DOB:
Insurance Carrier:	ID#:
☐ Patient will call ☐ Appointment already made	
Referring Doctor:	Phone:



PROCEDURES

☐ Third Molars ☐ Bone Grafting ☐ Exposure
☐ Extractions ☐ Oral Pathology ☐ Other/Please consult: _____
☐ Implants ☐ Orthognathic Surgery

Note

PANORAMIC X-RAY

☐ Attached ☐ Sent Electronically ☐ Please take X-ray

Date of X-Ray _____

A current panoramic radiograph is necessary for examination and treatment. Additionally, please be informed that a consultation and x-ray fee will be applicable and asked to be paid at the time of your appointment.

Kindly ensure you have a valid form of identification and any insurance information with you for your appointment, as these are necessary for us to proceed with providing the service.

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