

PATIENT REFERRAL SLIP

Oral and Facial Surgery Center

ROBIN C. ARDOIN, D.D.S., Ph.D.

HAROLD D. KENNEDY, D.D.S.

Diplomates Of The American Board Of Oral & Maxillofacial Surgery

2351 Larkspur Lane
Opelousas, LA 70570
(337) 948-9878
Fax (337) 948-9097

203A Energy Parkway
Lafayette, LA 70508
(337) 234-1780
Fax (337) 234-1723

Date _____

This is to introduce _____

Please indicate necessary treatment below:

For removal of:

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
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

If referred for another condition please list:

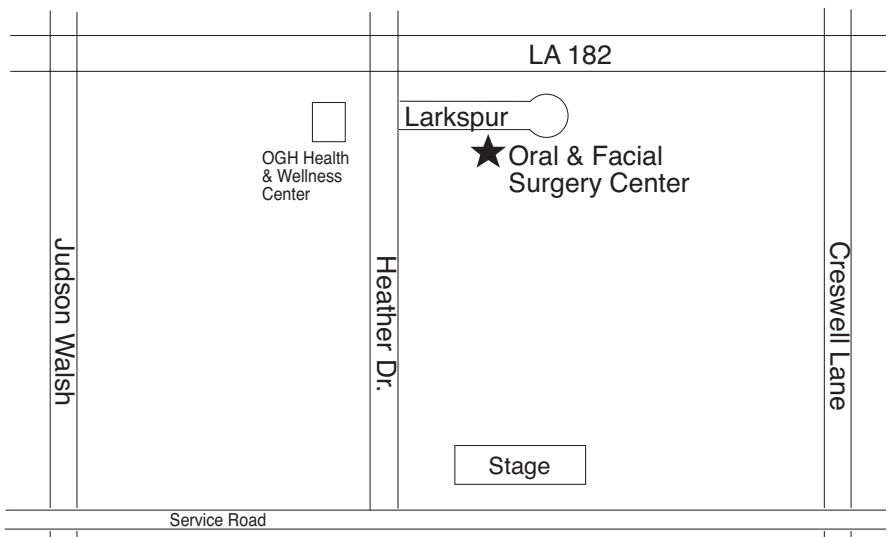
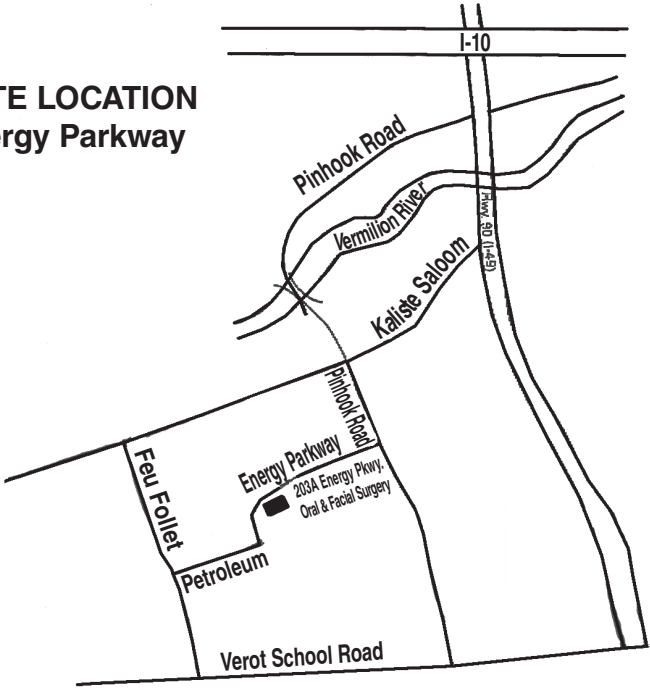
If preoperative radiographs are available please forward before appointment.

Minors must be accompanied by parents or legal guardian.

Please have patient bring this form with them at time of appointment.

Signed _____
Referring Doctor

LAFAYETTE LOCATION
203A Energy Parkway



OPELOUSAS LOCATION
2351 Larkspur Lane

Exit 17

Exit 18

I-49