



COMPREHENSIVE ORAL & MAXILLOFACIAL SURGERY

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Board Certified by The American Board of OMFS

NAPERVILLE
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Introducing: _____

- Full-mouth X-rays
- Panorex X-rays

- Standard Mailing
- Electronic Mailing

Sending with Patient

Appointment Date: _____

Referring Doctor: _____

Phone Number: _____

SURGICAL AREA FOR CONSULTATION

RTMJ

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

LTMJ

- Tooth Removal
- 3-D CBCT
- Apicoectomy
- Cancer Evaluation/Screening
- Facial Trauma
- Frenectomy
- Gingivectomy
- Infection
- 3rd Molar Surgery
- Jaw Deformity/ Malocclusion
- Nerve Injury
- Orthodontic Exposure
- Pain Evaluation
- Pathology
 - Hard Tissue
 - Soft Tissue
- Other
 - Periodontal Lesion
 - Preprosthetic Surgery
 - Reconstruction
 - Hard Tissue
 - Soft Tissue
 - Sleep Apnea
 - TMD/TMJ Disease

ONGOING COMMUNICATION:

- Please call me before seeing patient
- Please send me an updated treatment plan
- Please coordinate treatment planning with my office

FOR YOUR PATIENT'S RETURN: (TO BE COMPLETED BY SPECIALIST)

- No treatment recommended on: _____
- Treatment at this office completed on: _____
- Patient reappointed with you for: _____

Notes: _____

PLEASE KEEP YELLOW COPY FOR YOUR RECORDS