

Joseph J. Radakovich, D.M.D., P.C.

Oral and Maxillofacial Surgeon

Diplomate of the American Board of Oral and Maxillofacial Surgery
Fellow of the American Board of Oral and Maxillofacial Surgeons
Assistant Professor at OHSU School of Dentistry
Medical Staff of Portland Winterhawks

5050 NE Hoyt St. Suite 322
Portland, Oregon 97213
503.230.0322 p
503.230.0344 f

www.radakovichoralsurgery.com

REFERRING DR.: _____ DATE _____

INTRODUCING: _____

FOR: _____ CONSULTATION: _____ TREATMENT: _____

EXTRACTION:

EXPOSURE:

	A	B	C	D	E	F	G	H	I	J									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
	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						

IMPLANT/PRE-PROSTHETIC

EXTRACTIONS

PATHOLOGY

EXPOSE & BRACKET

OTHER

* NEW PATIENT FORMS ARE AVAILABLE FOR DOWNLOAD ON OUR WEBSITE

Appt. Date: _____ Time: _____ AM PM

RADIOGRAPHS: ARE BEING MAILED PATIENT WILL BRING

PLEASE TAKE

NOT NECESSARY

Email: office@radakovichoralsurgery.com

NOTE

1. Please call the office to make an appointment.
2. Patients in need of an interpreter must bring one to the appointments.
3. Please bring insurance cards and information.
4. Please note that in most cases the patient is seen first for consultation to review the health history, decide on the most appropriate anesthesia and treatment plan, and schedule the surgery at a separate appointment.
5. Minors must be accompanied by a parent or guardian.
6. If you must reschedule, please call to arrange another appointment 48 hours in advance. Appointments that are not cancelled 48 hours in advance will not be given another appointment.