

**Department of Oral & Maxillofacial Surgery Same Day Appointment Referral Form**

850 Harrison Avenue, Yawkey-6

Boston, Massachusetts 02118

Appt Line (617) 414-ACHE ; Fax (617) 414-4866; Main Phone (617) 414-4046

Health Center Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Tel: \_\_\_\_\_

Primary Care Name: \_\_\_\_\_ PCP Tel: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Past Medical History:

\_\_\_\_\_  
\_\_\_\_\_

**Reason for referral:**

\_\_\_ Impacted Third Molars     \_\_\_ Pathology

\_\_\_ Extraction                     \_\_\_ TMJ

\_\_\_ Preprosthetic surgery     \_\_\_ Other

**Please circle and write down teeth to be extracted**

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

Teeth #'s: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Signature/referring Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

Specialty Provider Report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For any questions regarding your patient treatment please contact us at the main phone number above.**

You must call the **Same Day Appointment Schedule Telephone line 617-414-ACHE** to schedule your appointment.

The phone line opens at 7am and remains open until all appointments for that day have been given out.

Please report to the front desk personnel at least 30 minutes prior to your scheduled time for registration.

Our clinic is located on the 6th floor of the Yawkey Building at Boston Medical Center. The street address is 850 Harrison Avenue, Boston, MA 02118, and our telephone number is (617) 414-4046.

Usually, the initial may be a consultation visit only depending on the type of surgical you may require. Your evaluating doctor(s) will then schedule you for surgery as required on a subsequent date.

The following information is needed for your visit with us:

- 1- A valid form of photo ID
- 2- Please bring this referral letter with you, you will need it for the current visit
- 3- Have the name, address, & Telephone number of your primary care physician readily available
- 4- Bring with you proof your valid medical and dental insurance cards.
- 5- All medications and/or list of all medications

**The services provided in this clinic are NOT free.** If you have no insurance, you will be considered as a self-pay patient. If you want to apply for financial assistance at the hospital, you can do so at the time of the registration, but you will need the following documents. This application process may delay treatment of you on the same day.

1. **Proof of citizenship (Birth certificate or passport)**
2. **Proof of identity**
3. **Proof of income**

**All of the above is needed for each family member**

The following is an overview of your visit to Oral and Maxillofacial Surgery Clinic:

- 1- Registration**
- 2-** You will be asked to register with your address, phone number, and insurance information at the front desk. Please have your medical and dental insurance information ready.
- 3- Triage:** Your number will be called by a member of our prescreening staff who will go over your medical history. This includes a list of your medications and obtaining your vital signs including temperature and blood pressure. **Please note that we may not be able to treat you today without a list of your medications or if your doctor decides that your medical history requires further clearance before surgical treatment.**
- 4- Radiology:** If you do not have an adequate x- ray or if you are not an existing patient in our clinic, our technician will likely call you to obtain an X-ray.
- 5- Treatment:** You will be evaluated by one of the doctors and their team, which includes residents and students.