Camarillo Oral Surgery Center
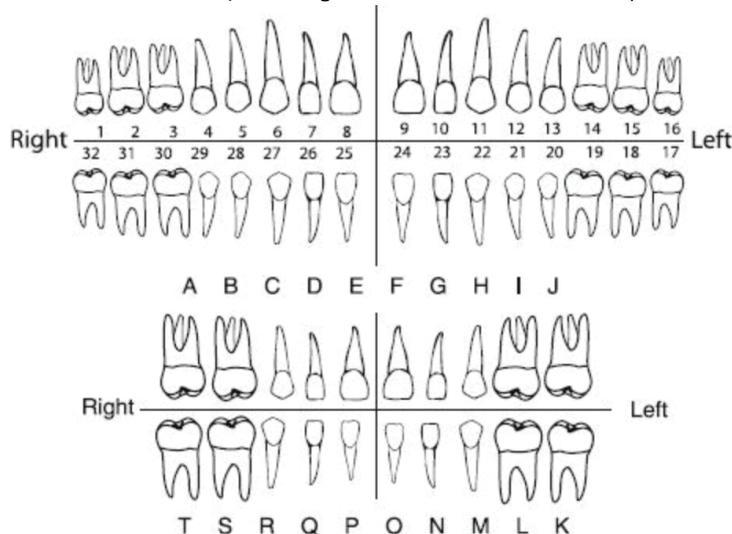
Patient Referral

Patient Name: _____

Referred By: _____ Referral Date: _____

Comments: _____

*Please bring Valid ID, Insurance Card, Referral and a list of medications to your evaluation appoinment.

*Por favor traiga una identificacion valida, su tarjeta de seguro, una lista de medicamentos y esta referencia a su cita de evaluacion.

- ☐ Extractions
- ☐ Implant Surgery
- ☐ Lesion and Tumor Management
- ☐ Bone Graft/Site Preservation
- ☐ Biopsy
- ☐ 3D Imaging/CT Scan

- ☐ Incision and Drainage
- ☐ Exposure
- ☐ Expose and Bond
- ☐ Frenectomy
- ☐ Alveoloplasty
- ☐ Other

We take most major insurance, including PPO's, Union, and Medi-cal

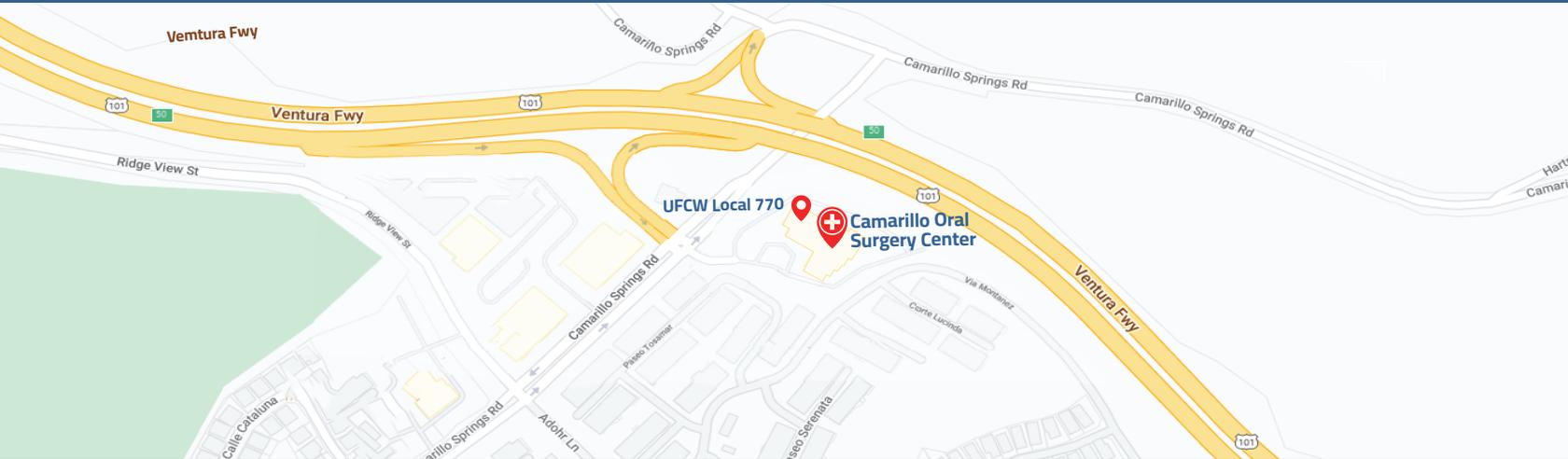# Camarillo Oral Surgery Center

We look forward to seeing you

The day of your appointment, please present this to:

Camarillo Oral Surgery Center

816 Camarillo Springs Road, Suite L, Camarillo, CA 93012

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*Por favor traiga una identificacion valida, su tarjeta de aseguranza, una lista de medicamentos y esta referencia a su cita de evaluacion.