



TREATMENT ORDERS FOR REFERRAL TO
DIETER J. MOYA, D.D.S.

Diplomate,, American Board of Oral and Maxillofacial Surgery

HOUSTON ORAL SURGERY ASSOCIATES

7500 San Felipe, Suite 300

HOUSTON, TX 77063

(713) 457-6337 FAX (713) 457-6341

FROM: DR. _____

DATE: _____

PT: _____

PT. PH# _____

- Please extract the teeth as indicated below
- Please evaluate for preprosthetic surgery
- Please evaluate for implant placement in areas indicated below

- Please evaluate for Orthognathic Surgery
- Please contact this patient
- Patient has been instructed to contact your office
- Please return x-rays

- Please evaluate for TMJ/MFP disorders
- Please Evaluate Oral/Maxillofacial Trauma
- Please evaluate lesion as indicated
- Please perform biopsy as indicated
- Please evaluate for bone graft/ridge preservation
- Please evaluate for soft tissue surgery
- Please I & D Oral/Maxillofacial Infection
- Special instructions as indicated

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

SPECIAL INSTRUCTIONS: _____

DOCTOR SIGNATURE