



287 E Hunt Hwy #101, San Tan Valley, AZ 85143 • (833) 3WISDOM

Free Patient Consultation Extractions... It's all we do

IV General Sedation Provided by MD Anesthesiologist

Step 1: Complete Patient Referral Form

Step 2: Fax Referral Form to: 1-833-794-7366 or Email drwisdomteethaz@gmail .com

Step 3: Provide X-Rays to Patient

***** Patient Must bring X-Rays to their Appointment for a Free Consultation *****

Step 4: Provide your Patient the Dr. Wisdom Teeth Referral Form

Patient Name: _____

Patient Phone #: _____

Referring Doctor: _____

Referring Office: _____ Date: _____

Please Mark Teeth to be Extracted

	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				
R				T	S	R	Q	P	O	N	M	L	K				L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Supernumerary: _____

Notes: _____

X-Rays

X-Ray mailed

X-Ray sent with patient

Email X-Ray (Preferred)

Office Address

287 E Hunt Hwy #101, San Tan Valley, AZ 85143

DRWISDOMTEETHAZ@GMAIL.com • (833) 3WISDOM • www.DRWISDOMTEETHAZ.com

Thank you for your kind referral