

PLEASE PRINT

BAY CENTER FOR ORAL & IMPLANT SURGERY

DR. GLEN E. JONES DR. JESSE M. JAKUBOWSKI
DR. CHRISTOPHER P. MALY DR. JEFFREY B. INGALLS
ORAL AND MAXILLOFACIAL SURGERY

☐ 168 - 14th St. S.W., Suite B
Largo, FL 33770
(727) 585-5494 • Fax: (727) 584-1820
largo@baycenter.com

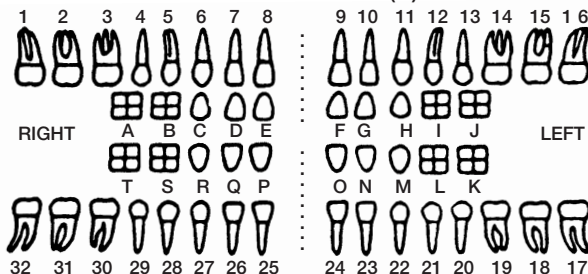
☐ 6700 Crosswinds Dr. N., Suite 100-B
St. Petersburg, FL 33710
(727) 821-5375 • Fax: (727) 345-5993
tyrone@baycenter.com
www.baycenter.com

DATE _____
TIME _____
LOCATION _____

☐ 4338 - 1st St. N., Suite C
St. Petersburg, FL 33703
(727) 822-2228 • Fax: (727) 822-2441
ne@baycenter.com

RE: _____ DATE _____

1. ☐ PANORAMIC X-RAY ONLY
2. ☐ DIAGNOSTIC CONSULTATION INCLUDING PANORAMIC X-RAY
3. ☐ FOR EXTRACTION (X) ☐ FOR CROWN EXPOSURE (O)

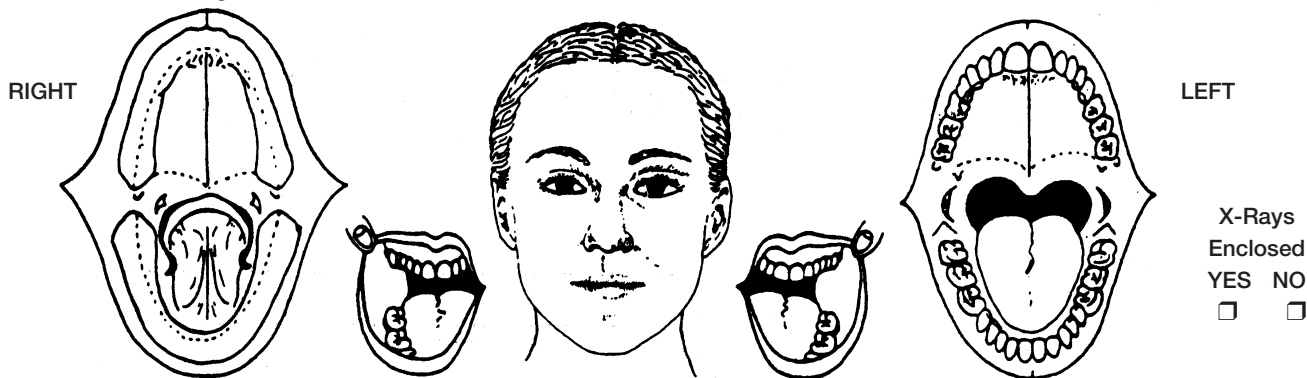


X-Rays Enclosed
YES NO
☐ ☐

Please write a brief description of the procedure: _____

4. ☐ BIOPSY THE FOLLOWING TISSUE: (Color, size, and location)

Tentative Diagnosis: _____



X-Rays Enclosed
YES NO
☐ ☐

5. ☐ OTHER SURGICAL PROCEDURES:

- Procedure
☐ Alveoplasty
☐ Removal of Tori and/or Torus
☐ Apicoectomy
☐ Frenectomy
☐ Other _____

Location _____

Please write a brief description of the procedure: _____

X-Rays Enclosed
YES ☐ NO ☐

RECOMMENDED ANESTHESIA: (If specifically requested)

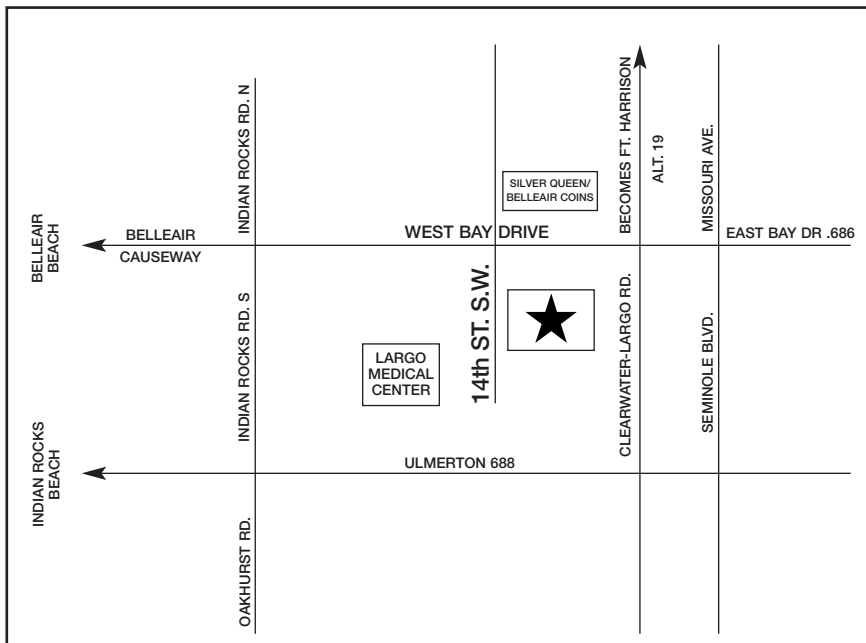
- ☐ Local
☐ I.V. Sedation
☐ General (Please advise our appointment secretary so the patient can be instructed not to eat or drink anything from midnight the night before his/her appointment and to be accompanied by an adult who can drive).

REFERRING DOCTOR: _____ NAME _____ PHONE _____

NOTE: Minors must be accompanied by their parent or legal guardian.
If you have recent x-rays of the surgical area, please bring them with you.
A panorex may be required by our office. We appreciate your confidence.

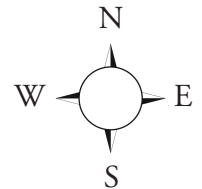
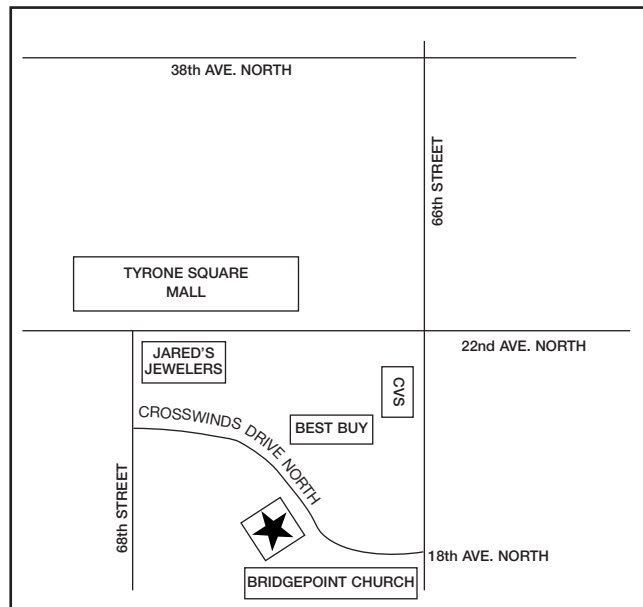
FOR OFFICE USE ONLY
☐ Procedure report sent to referring Doctor.
☐ X-Rays Returned.

YELLOW COPY FOR YOUR RECORDS



LARGO OFFICE
 168 14th St. S.W.
 Suite B
 Largo, Florida
 (727) 585-5494
 email: largo@baycenter.com

TYRONE OFFICE
 6700 Crosswinds Dr. N.
 Suite 100-B
 St. Petersburg, Florida
 (727) 821-5375
 email: tyrone@baycenter.com



NORTHEAST OFFICE
 4338 1st St. N.
 Suite C
 St. Petersburg, Florida
 (727) 822-2228
 email: ne@baycenter.com

