

PATIENT NAME

DATE OF BIRTH

PHONE

DATE

REFERRING DOCTOR

	A	B	C	D	E		F	G	H	I	J				
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
	T	S	R	Q	P		O	N	M	L	K				

PLEASE

- EXTRACT
- EVALUATE
- TREAT

CONSULTATION

- Wisdom Teeth / Extractions
- Implants / Bone Graft
- Orthognathic
- Facial / Cosmetic Surgery
- Oral / Facial Lesion
- Other (describe below)

RADIOGRAPHS

- Emailed
- Needs X-Ray
- X-Ray Not Needed
- Given to Patient
- Other (describe below)
- Date of Xray: _____

REASON FOR REFERRAL

Send Referral, X-Rays & Insurance Info (if applicable) to:
Email: referrals@sunriseoralsurgery.com Fax : 321.255.7831

MELBOURNE
 1325 PINE STREET, STE. 102
 MELBOURNE, FL 32901
 321.725.5377 | (F) 321.951.3393

SUNTREE
 7155 TURNER RD.
 ROCKLEDGE, FL 32955
 321.725.5377 | (F) 321.255.7831

TITUSVILLE
 1849 JESS PARRISH CT.
 TITUSVILLE, FL 32796
 321.725.5377 | (F) 321.951.3393







SUNRISETM
 FACIAL AND ORAL SURGERY

Dr. Richard Schmid
Dr. King Kim
Dr. Tyler Banachowski
 SunriseOralSurgery.com

THE SPACE COAST'S CHOICE FOR ORAL & MAXILLOFACIAL SURGERY

Our staff is committed to providing you with the highest quality care and will make every effort to make your visit with us a pleasant and comfortable experience. To help us in scheduling your appointment, please remember the following:

-  To schedule your appointment:
 - Visit our website and submit Appointment Request
 - Scan the QR Code below with your smartphone
 - Call our office at 321.725.5377
-  Your initial visit is for consultation only. This enables us to discuss treatment options, medical history, anesthesia vs. local, fees and insurance.
-  Arrive 15 minutes prior to your first appointment to allow completion of required forms.
-  Be sure to complete your new patient paperwork on our website prior to your initial appointment.

REQUEST APPOINTMENT ONLINE



Scan this QR Code with your smartphone camera and submit your appointment request.