Plastic & Oral Maxillofacial Surgery

☐ E. Weston Santee, DDS, MD
☐ David Bitonti, DMD

Office Locations

301 Riverview Ave, 3rd Floor
Norfolk, Virginia 23510

2021 Concert Drive, 3rd Floor
Virginia Beach, Virginia 23456

Patient Information

Patient _____ Date of birth: _____
FIRST NAME LAST NAME

Parent/Guardian Name: _____
FIRST NAME LAST NAME

Address: _____
STREET CITY STATE ZIP

Contact #: _____ Email: _____

Medical/Dental Insurance Information

Medical Insurance: _____ Policy #: _____ Group #: _____

Policyholder's Name: _____ DOB: _____ Relationship to patient: ***Self Parent Other***

Dental Insurance: _____ Policy/SS#: _____ Group #: _____

Policyholder's Name: _____ DOB: _____ Relationship to patient: ***Self Parent Other***

Referring Provider Information

Referred by: _____

Telephone: _____ Fax: _____

Reason for Referral

☐ Extraction (see below)
☐ Biopsy/Lesion Eval
☐ Trauma
☐ Head shape
☐ Expose & Bond #_____
☐ Bone Graft
☐ Cleft lip & Palate
☐ Orthognathic Surgery
☐ Frenectomy: _____
☐ Dental Implant
☐ Other _____

						A	B	C	D	E	|	F	G	H	I	J
Patient's Right	1	2	3	4	5	6	7	8	|	9	10	11	12	13	14	15	16	Patient's Left
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 Provide Details _____

_____

Radiographs or Clinical Photos

☐ Being Mailed
☐ Being Emailed (Please email to nursecall@chkd.org) in subject line please include patients name and DOB)
☐ Given to Patient
☐ No X-Ray

Comments

_____

_____

Please email patient referral and images to POMS@CHKD.org.