



WHITEWATER

ORAL SURGERY GROUP

APPOINTMENT:

Day: _____

Date: _____

Time: _____

Patient Name: _____ DOB: _____

Patient Phone: _____

Referred by: _____

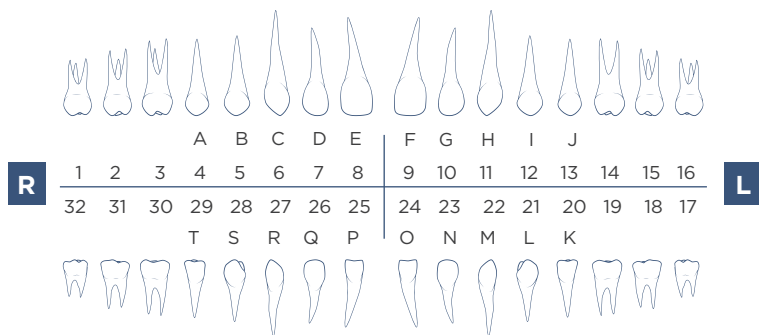
PREFERRED SURGEON:

- Eric Nelson, DDS, MD
- Justin Hastings, DDS, MD
- Kevin Kempers, DDS, MD
- C. Scott Manis, DMD, MD

LOCATION:

- 11575 W State St, Star, ID 83669 | 208.286.7755
- 304 N Main St, Hailey, ID 83333 | 208.788.5308
- 3003 W Main St, Ste 130, Boise, ID 83702 | 208.342.7610

TEETH OR AREA TO BE EVALUATED



RECOMMENDED PROCEDURE:

- Extractions
- Bone Grafting
- Expose & Bond
- Dental Implants
- Pathology
- Apicoectomy
- Peri-Implantitis
- Infection
- Other _____

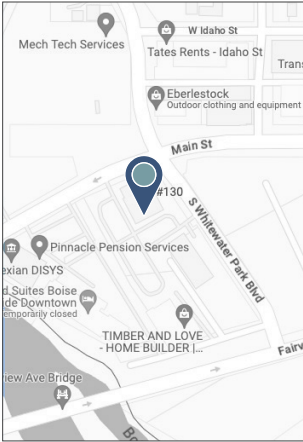
Notes: _____

X-RAYS SENT:

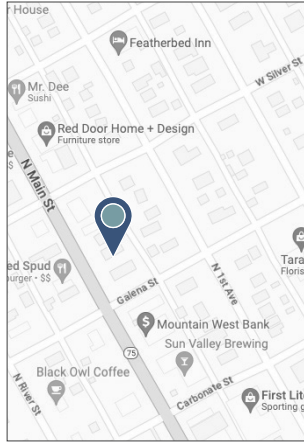
- With Patient
- Emailed
- Faxed



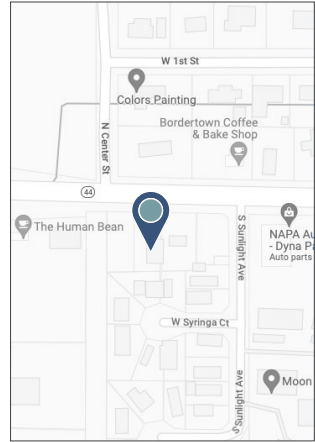
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3003 W Main St, Ste 130,
Boise, ID 83702
208.342.7610



304 N Main St,
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1175 W State St,
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208.286.7755

INSTRUCTIONS FOR PATIENTS:

- We require a consult with all patients prior to surgery.
- Please bring referral and X-ray(s) to your consultation appointment.
- Additional X-rays may be necessary.
- We will review your medical history and establish a treatment plan.
- Please bring a list of your medications.
- Estimated treatment fees will be determined and reviewed with you.
- Once a consultation is completed, a surgery appointment can be scheduled.
- You may pre-register at our website: www.whitewatersurgery.com.

As a convenience to you, dental insurance can be billed through our office. Payment is expected at the time of treatment.

QUESTIONS:

woodriver@whitewatersurgery.com

star@whitewatersurgery.com

boise@whitewatersurgery.com