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Please check (✓) the doctor & office you are referring to
 then send to referrals@austinoms.com or
 fax to (512) 498-0124

REQUIRED FIELDS - Please fill out completely

Date _____ DOB _____

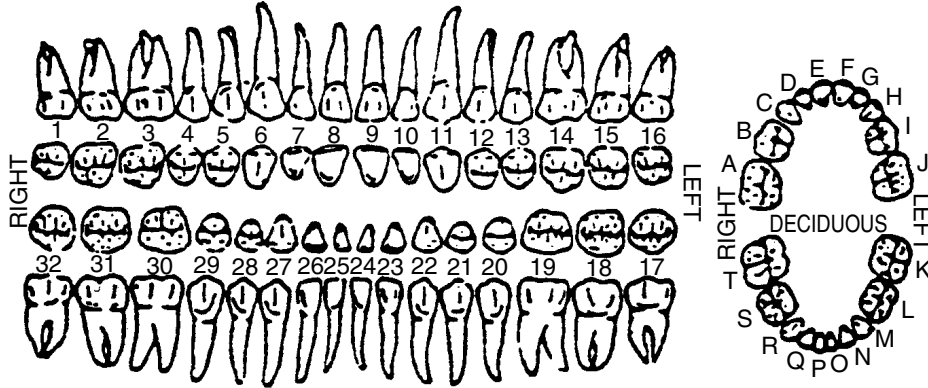
Patient Name _____
First Name Last Name

Pt. Ph. No. _____ Email _____

Referring Dr. _____
First Name Last Name

Referring Dr. Phone No. _____

- Please extract (mark with X)
- Surgical exposure of impacted tooth (please circle)



- Orthognathic
 - Biopsy of _____ Location: _____
 - Dental Implant # _____ Preferred System: _____
 - Other
- Comments _____
- _____
- _____

- Central Austin
 Medical Science Center
 711 West 38th Street, Suite A-1
 Austin, Texas 78705
 P: 512-454-6725
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 Austin, Texas 78759
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- Lakeway
 One Lakeway Centre Court
 Suite B
 Lakeway, Texas 78734
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- Marble Falls - Plaza West
 1704 FM 1431
 Marble Falls, Texas 78654
 P: 830-798-1054
 Travis W. Kern, DDS, MD
- La Grange - Corner Stone Dental
 259 East Colorado
 La Grange, Texas 78945
 P: 979-968-8510
 James C. Fuselier, DDS, MD
- Dripping Springs
 1015 Mighty Tiger Trail
 Dripping Springs, Texas 78620
 P: 512-858-8080
 Russell D. Cunningham, DDS, MD
- South Austin - Stonegate One
 2501 West William Cannon, Suite 6B
 Austin, Texas 78745
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 Daniel Szalay, DDS
- Cedar Park
 1785 E. Whitestone Blvd., Suite 100
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 Craig Knell, DDS, MD
- Georgetown - Sonrisa
 3622 Williams Drive, Bldg. 1
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 William C. Cain, DDS, MD
 Jeremy D. Leland, DDS, MD
- San Marcos - Stagecoach Professional Center
 310 Stagecoach Trail, Suite 600
 San Marcos, Texas 78666
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- Temple - Temple Office Park
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