SOUTH SHORE ORAL SURGERY ASSOCIATES

DR. STEVEN J. VERVENIOTIS   DR. RICHARD M. MIRRA

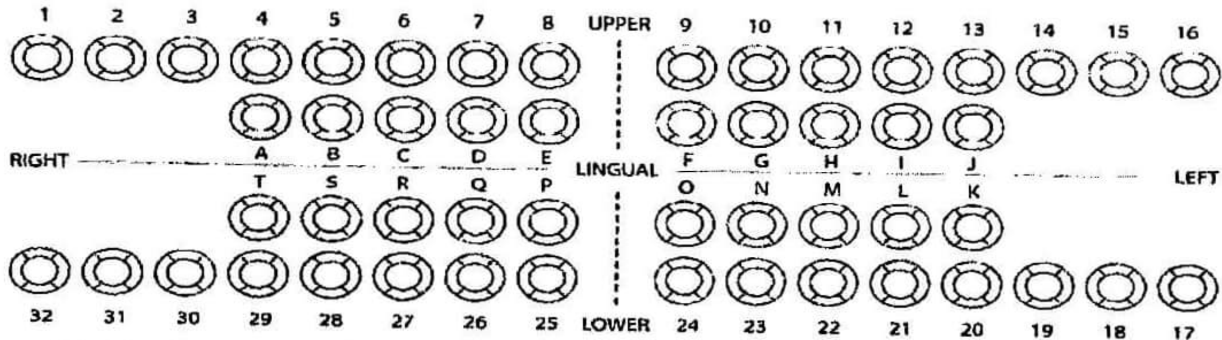
DIPLOMATES OF THE AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY

Date: ____________________

Patient Name: ____________________ Phone: ____________________

Doctor Name: ____________________ Phone: ____________________

Appointment Date: ____________________ Time: ____________________



- ☐ Wisdom Teeth Removal
- ☐ Extraction(s)
- ☐ Bone Graft
- ☐ Evaluation for Implants
- ☐ Biopsy
- ☐ Trauma
- ☐ Botox
- ☐ Facial Fillers
- ☐ TMJ/Facial Pain Evaluation
- ☐ Pre-prosthetic Surgery
- ☐ Evaluate Lesion/Growth
- ☐ Incision & Drainage
- ☐ Periapical Surgery
- ☐ Orthodontic Exposure
- ☐ Facial Reconstructive Surgery
- ☐ Other ____________________

CBCT Scan Required? ☐ Yes ☐ No

SOUTH SHORE ORAL SURGERY

24 Maple Ave, Suite 6, Rockville Centre NY 11570

Tel: 516-766-0580 • Fax: 516-766-6755

www.southshoreoralsurgeryrvc.com