

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Phone Number \_\_\_\_\_ DOB \_\_\_\_\_

Insurance  DentaQuest  MCNA  TMHP  UnitedHealthcare  CHIP

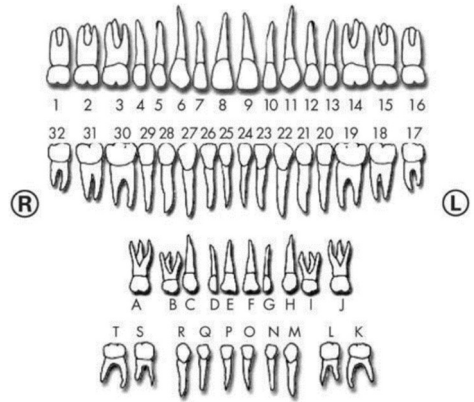
Subscriber ID \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Referring Office \_\_\_\_\_

**Evaluate and Treat**  Third Molars  IV Sedation

**Comments:**



Doctor's Signature \_\_\_\_\_

6801 S I-35 Frontage Rd Ste #1D  
Austin, TX 78744

Phone: (512) 608-4420 Fax: (512) 608-4424  
[oralsurgery@supersmilesdentalcenters.com](mailto:oralsurgery@supersmilesdentalcenters.com)  
[www.supersmilestexas.com/oralsurgery](http://www.supersmilestexas.com/oralsurgery)