



**Drew Roberts DDS**

603 Lexington Ave  
Fort Smith, AR 72901

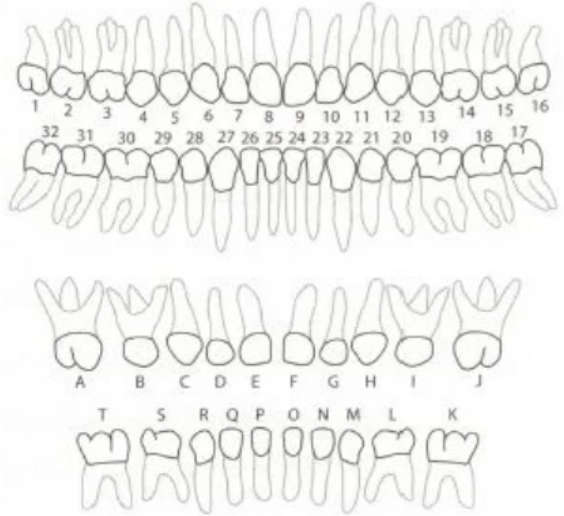
**P:** (479) 310-8008

**E:** info@bespokeoms.com

**W:** www.bespokeoms.com

**F:** (479) 310-8009

Patient Name \_\_\_\_\_  
Patient Phone \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
Doctors Name \_\_\_\_\_ Doctors Phone \_\_\_\_\_



### Oral Surgery Procedures

- ☐ Extractions, Tooth # \_\_\_\_\_  
Reason for Ext: ☐ Non restorable ☐ Pain  
☐ Impaction ☐ Caries ☐ Other  
☐ Eval, Implant # \_\_\_\_\_  
Implant Type: ☐ Nobel ☐ Straumann  
☐ Full Arch Implant Solution

- ☐ Bone Graft, Site \_\_\_\_\_  
☐ Exposure, Tooth # \_\_\_\_\_  
☐ Alveoplasty \_\_\_\_\_  
☐ Tori \_\_\_\_\_  
☐ Other \_\_\_\_\_

### Facial Procedures

- ☐ Pathology, Site \_\_\_\_\_  
☐ Other \_\_\_\_\_

- ☐ Facial Trauma \_\_\_\_\_

### Radiographs

- ☐ Emailed: referral@bespokeoms.com  
☐ Mailed

- ☐ Given to Patient  
☐ Please Take

### Notes

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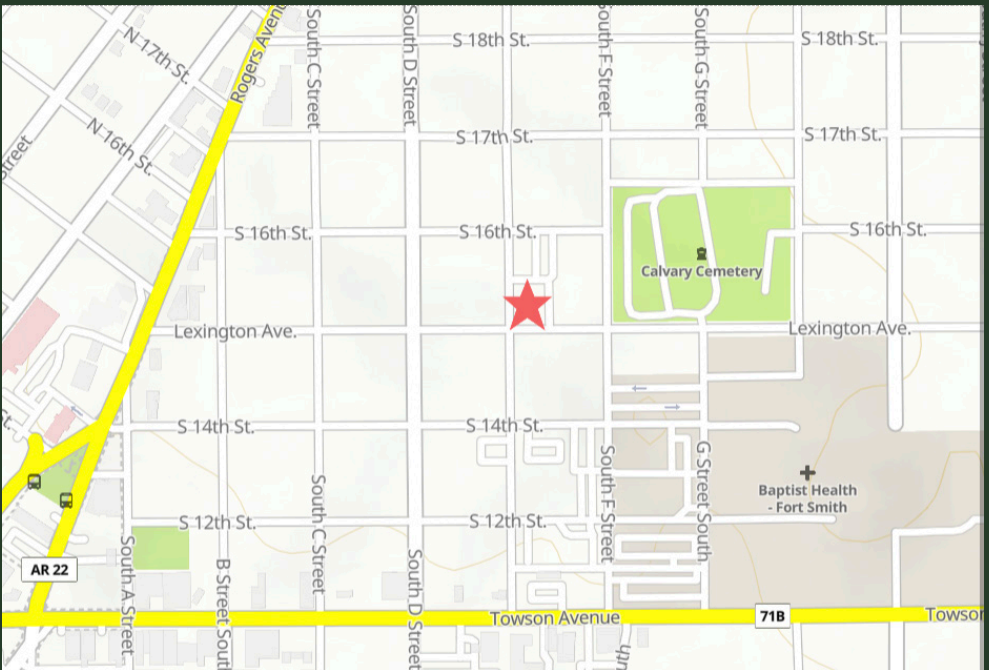
**BESPOKE**  
OMS

Please see the reverse for additional  
information and a map to our office

Please bring any **x-rays** and **insurance**  
information with you to your appointment



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DIRECTIONS