



Drew Roberts DDS

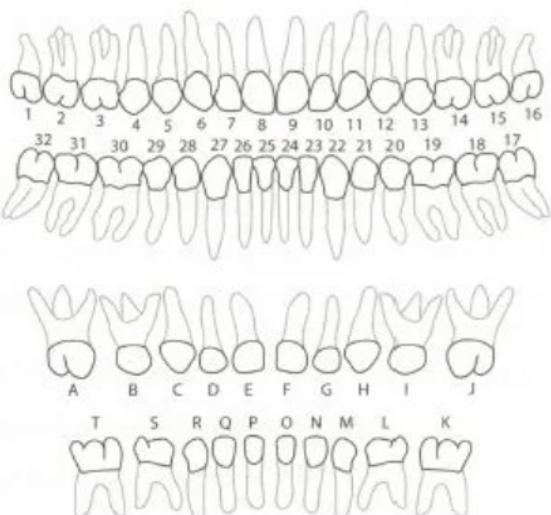
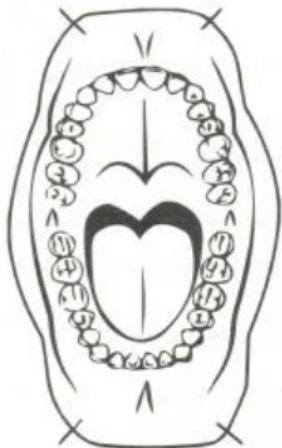
603 Lexington Ave
Fort Smith, AR 72901

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

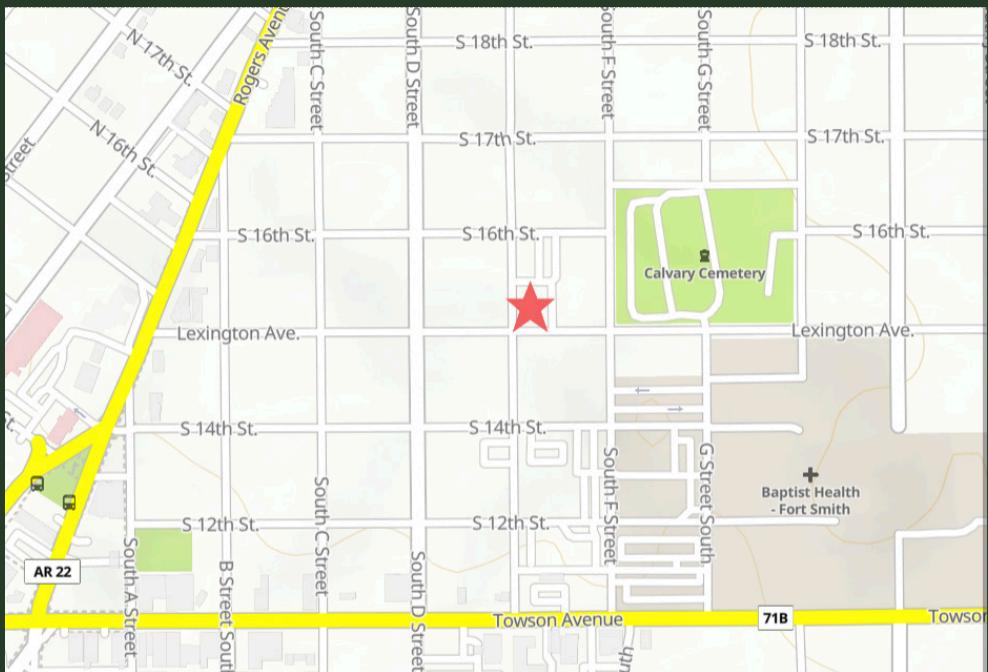
BESPOKE
OMS

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](#)