



TREATMENT ORDERS FOR REFERRAL TO
HOUSTON ORAL SURGERY ASSOCIATES, PLLC

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HOUSTON, TX 77063
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DIETER J. MOYA, D.D.S.
Diplomate, American Board of Oral and Maxillofacial Surgery

BLAKE D. MAIDA, D.D.S., M.D.
Diplomate, American Board of Oral and Maxillofacial Surgery

FROM: DR. _____

DATE: _____

PT: _____

PT. PH# _____

- Please extract the teeth as indicated below
- Please evaluate for preprosthetic surgery
- Please evaluate for implant placement in areas indicated below
- Please evaluate for Orthognathic Surgery
- Please contact this patient
- Patient has been instructed to contact your office
- Please return x-rays

- Please evaluate for TMJ/MFP disorders
- Please Evaluate Oral/Maxillofacial Trauma
- Please evaluate lesion as indicated
- Please perform biopsy as indicated
- Please evaluate for bone graft/ridge preservation
- Please evaluate for soft tissue surgery
- Please I & D Oral/Maxillofacial Infection
- Special instructions as indicated

	A B C D E								F G H I J								
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	T S R Q P								O N M L K								

SPECIAL INSTRUCTIONS: _____

DOCTOR SIGNATURE _____

***** PLEASE EMAIL TREATMENT ORDERS & CURRENT X-RAYS TO: hosa@hosaoms.com*****