

Paul D. Benson, DMD, MD
Oral and Maxillofacial Surgery



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Patient _____

Appointment _____

Date

Time

Reason for Referral:

Please specify details:

- Extractions _____
- Exposure impacted teeth _____
- Dental implants _____
- Orthodontic anchorage _____
- Orthognathic surgery _____
- Cleft/craniofacial surgery _____
- Esthetic facial surgery _____
- Trauma (facial bones/soft tissue) _____
- Obstructive sleep apnea _____
- TMJ _____
- Other _____

Referred by: _____

Date _____

X-rays included

Please return