



ORAL & MAXILLOFACIAL SURGERY

O F F A I R F I E L D C O U N T Y

DATE: _____

PATIENT'S NAME: _____

REFERRED BY DR. _____

REASON FOR CONSULTATION: _____

IMANUEL BABAYEV DDS, MD

(203) 489-0980

(203) 484-8980

info@fccOMS.com

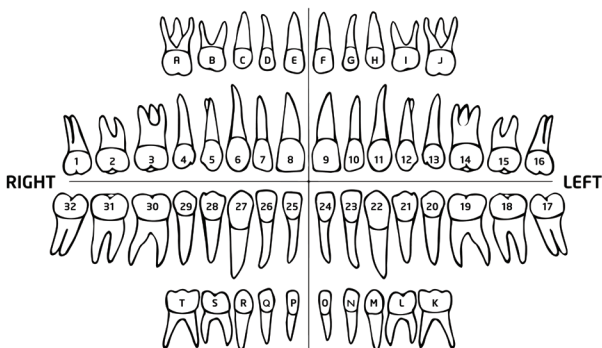
www.fccOMS.com

DENTOALVEOLAR

- ☐ WISDOM TEETH (3RD MOLARS) ☐ BISCUSPID/ORTHODONTIC EXTRACTIONS
- ☐ SURGICAL EXPOSURE AND BRACKET BONDING ☐ ANCHORAGE (TADS) SCREWS
- ☐ EXTRACTION PLEASE PROVIDE DIAGNOSIS: ☐ ROOT FRACTURE ☐ OTHER _____
- ☐ NRT ☐ PERIODONTALLY COMPROMISED ☐ APICOECTOMY
- ☐ TORI REMOVAL/ALVEOLASTY ☐ INFECTION

IMPLANTS & GRAFTING

- ☐ DENTAL IMPLANTS PLEASE SELECT PREFERRED IMPLANT SYSTEM
- ☐ STRAUMANN ☐ NOBEL BIOACARE ☐ ZIMMER/3i ☐ BIOHORIZONS ☐ OTHER _____
- ☐ ALL-ON-FOUR IMPLANTS (FOR HYBRID FIXED PROSTHESIS) ☐ IMPLANT OVERDENTURE
- ☐ BONE GRAFTING/RIDGE AUGMENTATION PLEASE SELECT QUADRANT: ☐ UL ☐ UR ☐ LL ☐ LR
- ☐ SINUS LIFT PLEASE SELECT QUADRANT: ☐ UL ☐ UR



MAXILLOFACIAL SURGERY

- ☐ ORTHOGNATHIC (JAW CORRECTIVE) SURGERY ☐ TMD (TEMPOROMANDIBULAR JOINT DYSFUNCTION)
- ☐ FRENECTOMY (TONGUE OR LIP TIE) ☐ PATHOLOGY/ BIOPSY
- ☐ DENTAL/MAXILLOFACIAL TRAUMA ☐ COSMETICS AND INJECTABLES

RADIOGRAPHS

- ☐ EMAILED (PREFERRED) ☐ ATTACHED TO REFERRAL ☐ MAILED ☐ PLEASE TAKE APPROPRIATE XR
- ☐ PANOREX ☐ PA ☐ CBCT

REMARKS

- ☐ PLEASE CALL REFERRING DOCTOR PRIOR TO TREATMENT
- ☐ PLEASE SEND MORE REFERRAL PADS

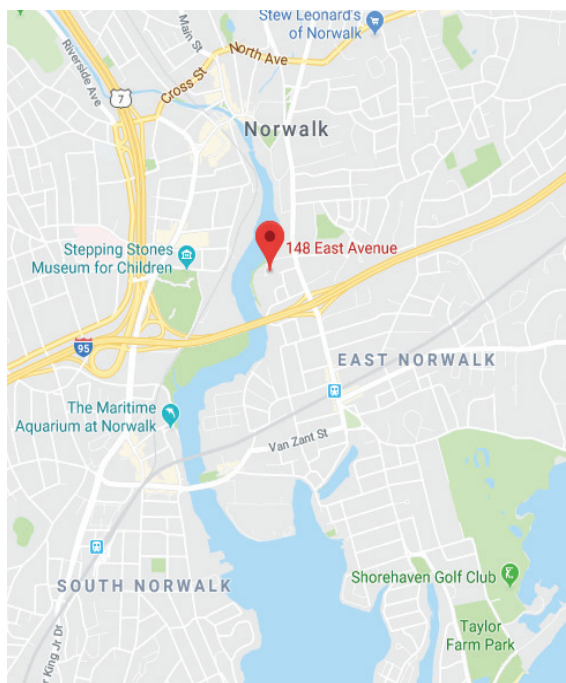


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O F F A I R F I E L D C O U N T Y

DIRECTIONS

148 East Ave Suite 3H1 (South Wing) Norwalk, CT 06851



WEST

Turn left to merge onto I-95 N toward New Haven
Take exit 16 toward E Norwalk
Turn left onto East Ave (signs for Route 1)
Once on East Ave, turn into 148 Riverview East and head toward the South Wing.

EAST

Merge onto I-95 S
Take exit 16 toward East Norwalk
Turn right onto East Ave (signs for U.S. 1)
Once on East Ave, turn into 148 Riverview East and head toward the South Wing.

NORTH

Continue on US-7 S to East Ave.
Take exit 16 from I-95 N.
Use the left 2 lanes to take the Interstate 95 Nexit toward Bridgeport. Merge onto I-95 N
Take exit 16 toward E Norwalk
Turn left onto East Ave (Signs for Route 1)
Once on East Ave, turn into 148 Riverview East and head toward the South Wing.

PLEASE BRING AND PRESENT THIS SLIP AT THE TIME OF YOUR APPOINTMENT

PATIENTS REQUIRING SEDATION SHOULD NOT HAVE FOOD OR LIQUID 6 HOURS PRIOR TO THEIR APPOINTMENTS AND MUST BE ACCOMPANIED BY AN ADULT

PLEASE NOTE: INITIAL APPOINTMENTS ARE USUALLY CONSULTATIONS ONLY.

IN SOME INSTANCES, IF CONDITIONS PERMIT, TREATMENT MAY BE RENDERED DURING THE SAME VISIT