



Dr. Chris Tye MD, DDS
 Diplomate American Board of Oral & Maxillofacial Surgery

6904 Colleyville Blvd ◇ Colleyville, TX 76034
 P 817.552.3223 ◇ www.TXOSS.COM ◇ F 817.552.3224

Introducing _____ Today's Date ___ / ___ / ___

Patient's Phone No. _____ Patient's D.O.B. ___ / ___ / ___

Referral Made by _____ @ _____ 's Office
 Staff Member Doctor or Practice Name

Appointment has been made: Date: _____ Patient will call
 Time: _____ Please call patient

Evaluation

Infection Oral/Facial Trauma Orthognathic TMJ/Facial Pain Other

Procedures Requested

- Wisdom Teeth Extraction(s) Implant(s)
- Lesion Tissue Graft Extraction & Implant
- Exposure Bonding Fixed Hybrid Prosthesis
Secure Bite® / All-on-Four® / Pro-Arch
- Frenectomy Other Locator/Conus Prosthesis

Preferred System	Planned Restoration
Straumann Tissue Level Bone Level	Screw Retained Cement Retained
Astra EV	Abutments DDS TXOSS

	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							

Radiographs: E-mailed to DDSInfo@txoss.com Mailed Given to patient none
 Other _____

Please Send Cards Please Send Referral Slips _____
 Doctor's Signature

You may also Refer your patient online at www.txoss.com Refer A Patient icon via Leading Reach
 Please Scan/Email to DDSInfo@txoss.com or Fax to 817-552-3224 before sending this form with your patient

PATIENT INSTRUCTIONS: PLEASE REGISTER ONLINE AT www.TXOSS.COM

We Appreciate the confidence you have placed in our office! f/wd/m/referral slip/referral to TXOSSyeV3 w Implant