



NEPONSET VALLEY

ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES

- ☐ Lawrence T. Herman, DMD, MD
☐ Sara H. Runnels, DMD, MD, FACS
☐ Kurt T. Herman, DMD

Patient Name: _____

Patient Phone: _____ Date of Birth: _____

Patient Email: _____

Referring Doctor: _____ Phone: _____

Referral Email: _____

Referring Doctor Signature: _____ Today's Date: _____

Location

☐ 20 Eastbrook Road
Dedham, MA 02026
(781) 326-8080
Fax: (781) 329-6950

☐ 841 Main Street
Walpole, WA 02081
(508) 660-2900
Fax: (508) 660-0134

Reason for Referral

- ☐ Extraction ☐ Surgical Exposure ☐ Pre-Prosthetic Surgery
☐ Pathology ☐ TMJ ☐ Orthognathic Surgery
☐ Dental Implant Preferred System _____
☐ Other _____

Recent X-rays

- ☐ Sent with patient ☐ Mailed ☐ Emailed ☐ Please take x-rays

If sent, type: ☐ Panorex ☐ FMX ☐ CBCT Date taken _____

Area(s) to be Evaluated

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

Additional Comments

All patients are encouraged to complete their patient
registration forms by visiting our website at

neponsetvalleyoms.com

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