



**Hialeah Dental Specialty Associates**  
*Comprehensive Specialty Care*

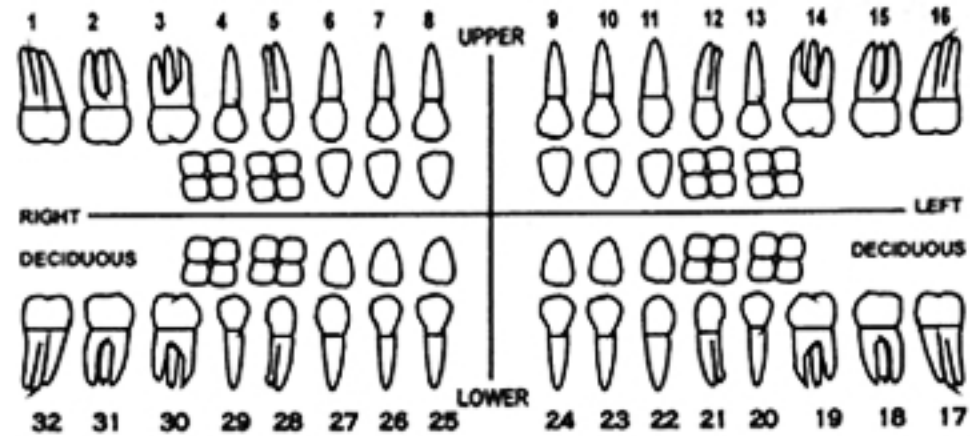
- CARLOS J. RODRIGUEZ-FEO, D.D.S.  
ORAL AND MAXILLOFACIAL SURGERY
- ROLAND A. HERNANDEZ, D.D.S.  
ORAL AND MAXILLOFACIAL SURGERY
- JERRY M. LAYNE, M.D., D.D.S.  
ORAL AND MAXILLOFACIAL SURGERY
- KENNETH H. KNOPF, D.D.S.  
ENDODONTICS
- ADRIAN RODRIGUEZ, D.M.D., M.S.D.  
PERIODONTICS

PATIENT'S NAME: \_\_\_\_\_  
*(Please Print)*

REFERRING DOCTOR: \_\_\_\_\_  
*(Please Print)*

(OVER)

BANK OF AMERICA BUILDING  
 900 WEST 49TH STREET • SUITE 400  
 HIALEAH, FLORIDA 33012  
 TELEPHONE: (305) 558-1211



- |   |  |
|---|--|
| <b>ENDODONTICS</b>                              | <b>PERIODONTICS</b>  |
| <input type="checkbox"/> EXAM / CONSULTATION    | <input type="checkbox"/> PERIODONTAL / EXAM / CONSULTATION |
| <input type="checkbox"/> ROOT CANAL THERAPY     | <input type="checkbox"/> PERIODONTAL SCALING / CURETTAGE   |
| <input type="checkbox"/> APICOECTOMY            | <input type="checkbox"/> PERIODONTAL SURGERY               |
| <input type="checkbox"/> POST SPACE PREPARATION | <input type="checkbox"/> IMPLANTS                          |
| <input type="checkbox"/> APEXIFICATION          | <input type="checkbox"/> OCCLUSION                         |
| <input type="checkbox"/> OTHER _____            | <input type="checkbox"/> CROWN LENGTHENING                 |
|   | <input type="checkbox"/> GINGIVAL GRAFT                    |
|   | <input type="checkbox"/> OTHER _____                       |

**ORAL AND MAXILLOFACIAL SURGERY**

- EXAM / CONSULTATION
- THIRD MOLAR EXTRACTION
- EXTRACTION
- TMJ
- IMPLANTS
- BONE GRAFTING
- BIOPSY
- OTHER \_\_\_\_\_

INSTRUCTIONS / REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERRED BY DR. \_\_\_\_\_