



**Martinez Family Dental,
Oral Surgery & Implant Center**

2540 W 7th Street
Los Angeles, CA 90057
PH. 213.381.7400

MartinezDentalLA@gmail.com

Patient Referral

Patient Name: _____

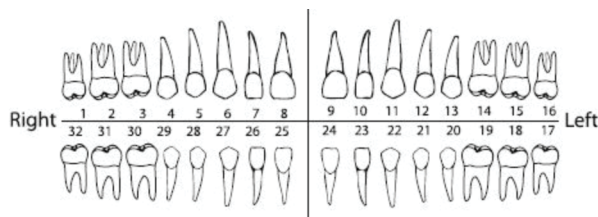
Referred By: _____ Referral Date: _____

Comments: _____

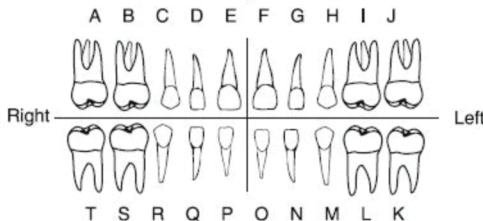
*Please bring Valid ID, Insurance Card, Referral and a list of medications to your evaluation appointment.

*Por favor traiga una identificacion valida, su tarjeta de seguro, una lista de medicamentos y esta referencia a su cita de evaluacion.

- Extractions
- Implant Surgery
- Lesion and Tumor Management
- Bone Graft/Site Preservation
- Biopsy
- 3D Imaging/CT Scan



- Incision and Drainage
- Exposure
- Expose and Bond
- Frenectomy
- Alveoloplasty
- Other



**We take most major
insurance, including PPO's,
Union, and Medi-cal**



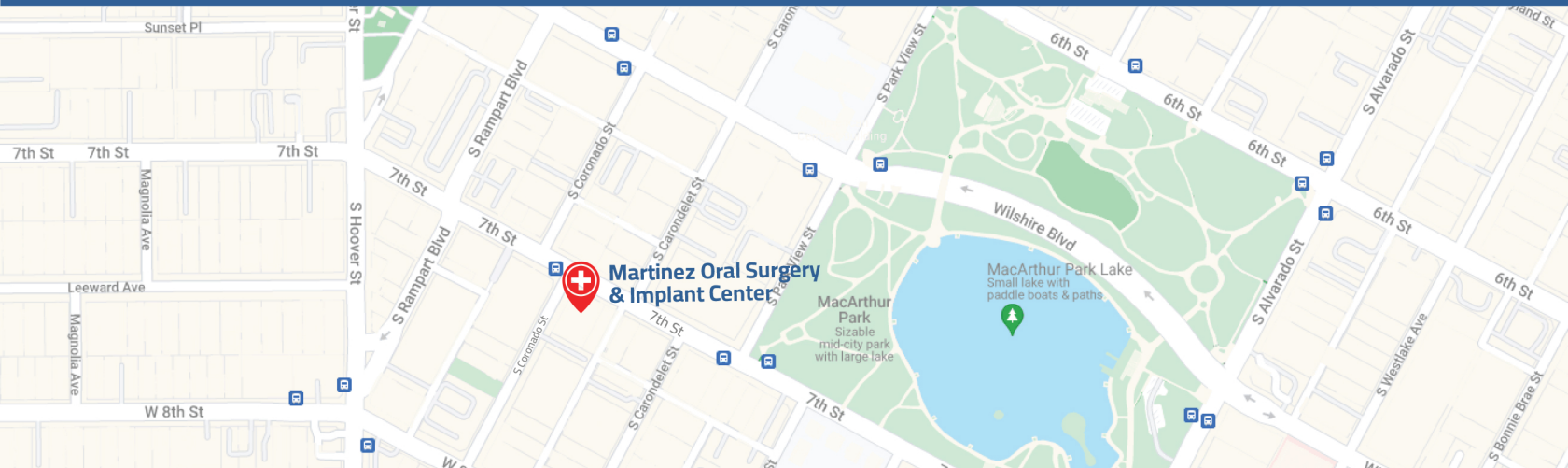
**Martinez Oral Surgery
& Implant Center**

We look forward to seeing you

The day of your appointment, please present this to:

Martinez Oral Surgery & Implant Center
2540 W 7th Street, Los Angeles, CA 90057

Phone: 213.381.7400 | Fax: 213.381.7420 | Se Habla Español | www.MartinezFamilyDentalLA.com



*Please bring Valid ID, Insurance Card, Referral and a list of medications to your evaluation appointment.

*Por favor traiga una identificación válida, su tarjeta de seguro, una lista de medicamentos y esta referencia a su cita de evaluación.

*Parking in Gated Lot Behind Office