



# CAMEO

## DENTAL SPECIALISTS

### ENDODONTISTS:

Keith Sommers, DDS  
Rick A. Munaretto, DDS \*  
Vladana Babacic, DMD, MPH, MA \*  
Michael P. Munaretto, DDS, MS \*  
Raymond F. Munaretto, DDS  
Richard A. Kohn, DDS, MS  
David G. Oser, DDS \*  
Nermeen Moussa, DDS, MS \*

\* Diplomate, American Board of Endodontics

### ORAL SURGEONS:

Joseph B. Baptist, DDS \*  
Matthew S. Hamedani, DDS, MC

\* Diplomate, American Board of Oral and Maxillofacial Surgery

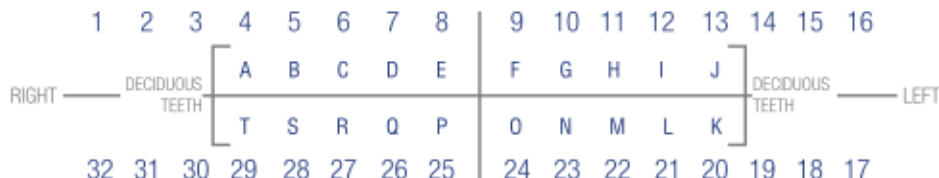
### PERIODONTISTS:

Kate A. Quinlin, DMD \*  
Taylor Newman, DMD, MS \*

\* Diplomate, American Board of Periodontology

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Tooth Number: \_\_\_\_\_



ENDODONTICS       ORAL SURGERY       PERIODONTICS

Reason for Referral: \_\_\_\_\_

- |                                             |                                                     |                                                         |
|---------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Root Canal Therapy | <input type="checkbox"/> Extraction (Mark Teeth)    | <input type="checkbox"/> Implant                        |
| <input type="checkbox"/> Retreatment        | <input type="checkbox"/> Socket Preservation        | <input type="checkbox"/> Preferred Implant System _____ |
| <input type="checkbox"/> Periapical Surgery | <input type="checkbox"/> Sinus Augmentation         | <input type="checkbox"/> Periodontal Evaluation         |
| <input type="checkbox"/> Vital Pulp Therapy | <input type="checkbox"/> Ridge Augmentation         | <input type="checkbox"/> Gingival Recession             |
| <input type="checkbox"/> Apexification      | <input type="checkbox"/> Exposure of Impacted Teeth | <input type="checkbox"/> Crown Lengthening              |
| <input type="checkbox"/> Post Space         | <input type="checkbox"/> Orthognathic Surgery       | <input type="checkbox"/> Preprosthetics                 |
| <input type="checkbox"/> Post Removal       | <input type="checkbox"/> Obstructive Sleep Apnea    | <input type="checkbox"/> Biopsy                         |
| <input type="checkbox"/> Please call        | <input type="checkbox"/> Consult                    | <input type="checkbox"/> X-Ray                          |
|                                             |                                                     | <input type="checkbox"/> Panoramic                      |
|                                             |                                                     | <input type="checkbox"/> CBCT                           |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Referring Dentist:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

For this patient the Cameo Treatment/Consultation Report Letter should be  Mailed  E-mailed  Both

### Information for our Patients:

- IF GENERAL ANESTHESIA OR IV SEDATION IS DESIRED (ORAL SURGERY ONLY)**
  - You may not eat or drink anything including water for **six** hours prior to your appointment.
  - You must be accompanied at our office by a responsible adult who can remain in the office and drive you home.
  - Wear loose clothing (short or loose sleeves preferable).
- IF YOU TAKE PRESCRIPTION MEDICATIONS:**
  - Take your oral medications as usual (with only sips of water if intravenous anesthesia is anticipated).
  - Bring your medications or a list of them to your appointment.
- Minors must be accompanied by a parent or legal guardian.**
- If you are unable to keep your appointment, please notify the office as soon as possible.**
- The treatment fee is due at the time of treatment.**

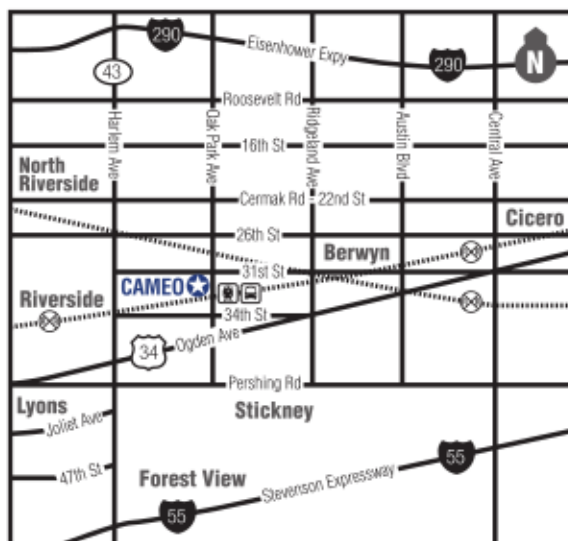
Please visit [www.cameods.com](http://www.cameods.com) for details regarding the services listed above

<p><i>River Forest Office</i>  <b>Cameo Dental Specialists, LLP</b>          7603 West North Avenue          River Forest, IL 60305          T: (708) 456-7787          F: (708) 689-0853</p>	<p><i>Berwyn Office</i>  <b>Cameo Dental Specialists, LLP</b>          3116 Oak Park Avenue          Berwyn, IL 60402          T: (708) 484-9011          F: (708) 484-9061</p>	<p><i>La Grange Office</i>  <b>Cameo Dental Specialists, LLP</b>          475 West 55th Street, Suite 208          LaGrange, IL 60525          T: (708) 579-0488          F: (708) 579-0611</p>	<p><i>West Loop Office</i>  <b>Cameo Dental Specialists, LLP</b>          910 West Van Buren, Suite 600          Chicago, IL 60607          T: (312) 201-4141          F: (312) 201-4177</p>
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## How to get to Cameo Dental Specialists:



**River Forest:** 7603 West North Avenue, T: (708) 456-7787



**Berwyn:** 3116 Oak Park Avenue, T: (708) 484-9011



**LaGrange:** 475 West 55th Street, Suite #208, T: (708) 579-0488



**Chicago:** 910 W. Van Buren, Suite #600, T: (312) 201-4141

## Patient information: Important! Please read carefully.

Please contact the office for instructions on how to complete your registration prior to your appointment.

### Office hours by appointment only

- If you are unable to keep your appointment for any reason, please notify the office as soon as possible. This time has been reserved exclusively for your treatment.
- If you have a history of any of the following medical conditions, please inform the receptionist at the time you call for an appointment:  
**Uncontrolled Diabetes, Uncontrolled Blood Pressure, Graves Disease, recent Stroke or Heart Attack.**

### Payment

Payment is due at the time of treatment unless other arrangements have been made. We accept cash, checks, and all major credit cards. For your benefit, please bring your completed insurance forms with you at the time of your appointment.

### Care Credit®

We offer CareCredit as a payment option so you can get the treatment you need immediately and then pay for it over time with low monthly payments that fit easily into your monthly budget. Visit their website for details:

[www.carecredit.com](http://www.carecredit.com)

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