



○ ENDODONTISTS:

Keith Sommers, DDS
 Rick A. Munaretto, DDS*
 Vladana Babcic, DMD, MPH, MA*
 Michael P. Munaretto, DDS, MS*
 Nermeen Moussa, DDS, MS*
 Lauren M. Allegretti, DDS, MS*
 Mina Milicevic, DMD, MS*

*Diplomate, American Board of Endodontics

○ ORAL SURGEONS:

Joseph B. Baptist, DDS*
 Matthew S. Hamedani, DDS, MC*
 John M. Chae, DDS*
 Alissa N. Pullos, DDS*
 Alexander Munaretto, DMD, MD*
 Andrew Sugar, DDS*
 Paul Rossetti, DDS

*Diplomate, American Board of Oral and Maxillofacial Surgery

○ PERIODONTISTS:

Kate A. Quinlin, DMD*
 Taylor Newman, DMD, MS*
 Lindsay A. Powers, DMD, MS*
 Jessica Finkielstein, DMD, MS*

*Diplomate, American Board of Periodontology

INTRODUCING: _____

PATIENT PHONE NUMBER: _____ **DATE:** _____

TOOTH NUMBER:

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

● ENDODONTICS

● ORAL SURGERY

● PERIODONTICS

REASON FOR REFERRAL:

- Root Canal Therapy
- Retreatment
- Periapical Surgery
- Vital Pulp Therapy
- Apexification
- Post Space
- Post Removal
- Orthognathic Surgery
- Extraction (Mark teeth)
- Socket Preservation
- Dental Implant placement
- Sinus Augmentation
- Ridge Augmentation
- Exposure of Impacted Teeth
- Pre-prosthetic surgery
- All-On-4
- Periodontal Evaluation
- Gingival Recession
- Crown Lengthening
- Laser Therapy
- Biopsy
- Botox
- Dermal Filler

Preferred Implant System

- Nobel
- Bio Horizons
- Straumann
- Zimmer

- Please call
 Consult
 X-Ray
 Panoramic
 CBCT

COMMENTS: _____

REFERRING DENTIST (Please fill out Completely) :

PRACTICE NAME: _____

DOCTOR NAME: _____ **TEL:** _____

ADDRESS: _____ **FAX:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **EMAIL:** _____

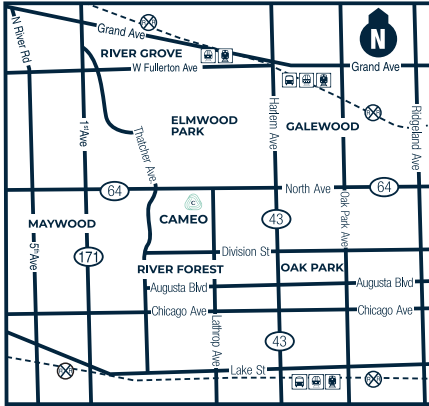
For this patient the Cameo Treatment/Consultation Report Letter should be: Mailed E-mailed Both

INFORMATION FOR OUR PATIENTS:

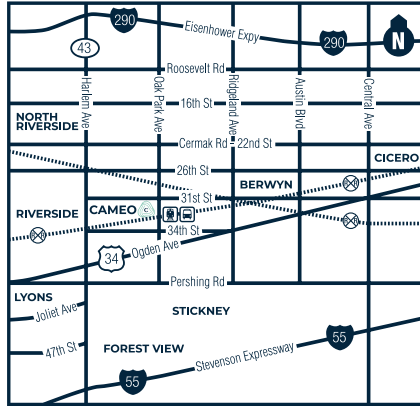
- 1. IF GENERAL ANESTHESIA OR IV SEDATION IS DESIRED (ORAL SURGERY ONLY)**
 - a. You may not eat or drink anything including water for eight hours prior to your appointment.
 - b. You must be accompanied at our office by a responsible adult who can remain in the office and drive you home.
 - c. Wear loose clothing (short or loose sleeves preferable).
- 2. IF YOU TAKE PRESCRIPTION MEDICATIONS:**
 - a. Take your oral medications as usual (with only sips of water if intravenous anesthesia is anticipated).
 - b. Bring your medications or a list of them to your appointment.
- 3. MINORS MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN.**
- 4. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY THE OFFICE AS SOON AS POSSIBLE.**
- 5. THE TREATMENT FEE IS DUE AT THE TIME OF TREATMENT.**



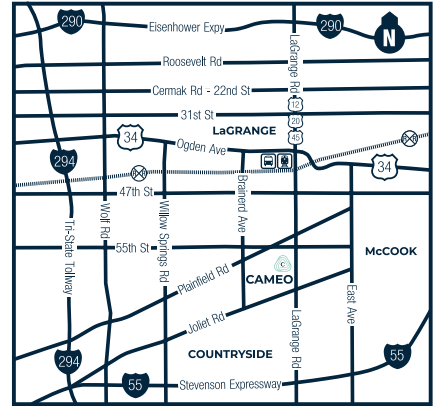
HOW TO GET TO CAMEO DENTAL SPECIALISTS:



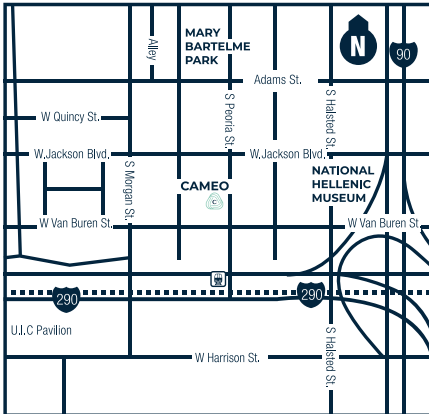
RIVER FOREST 7603 W. North Ave.



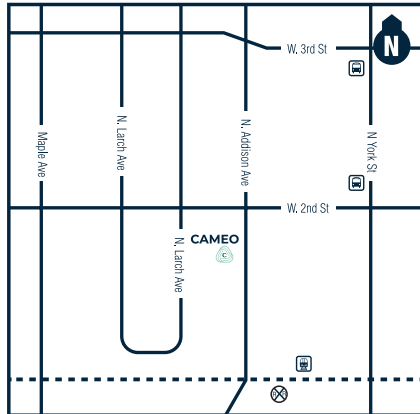
BERWYN: 3116 S. Oak Park Ave.



LAGRANGE: 475 W. 55th Street, Suite 208 A/B.



CHICAGO 910 W. Van Buren, Suite #600



ELMHURST 148 N. Addison Ave.



REMINDER :
PLEASE BRING THE MOST RECENT COPY OF YOUR DENTAL AND MEDICAL INSURANCE CARDS WITH TO YOUR VISIT.

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.

CHERRY FINANCING

Choose from a range of monthly payment plans with some qualifying for 0% APR options. Thanks to Cherry's fast application process, you'll be enjoying your purchase in no time - all you need is your state ID and mobile phone number to get started. If approved, manage payment options and stay in control with 24/7 access to Cherry's self-serve patient portal. Visit their website for more details.
WWW.WITHCHERRY.COM

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

PLEASE VISIT **WWW.CAMEODS.COM** FOR DETAILS REGARDING THE SERVICES LISTED ABOVE

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riverforest@cameods.com

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