



# CAMEO

DENTAL SPECIALISTS

**○ ENDODONTISTS:**

Keith Sommers, DDS  
 Rick A. Munaretto, DDS\*  
 Vladana Babic, DMD, MPH, MA\*  
 Michael P. Munaretto, DDS, MS\*  
 Nermeen Moussa, DDS, MS\*  
 Mina Milicevic, DMD, MS\*  
 \*Diplomate, American Board of Endodontics

Jenna Kirk Munaretto, DMD, MS  
 Steffi Estevez, DDS  
 John Jeff Neal, DDS, MS  
 Patrick J. Clark, DDS, MS

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

**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

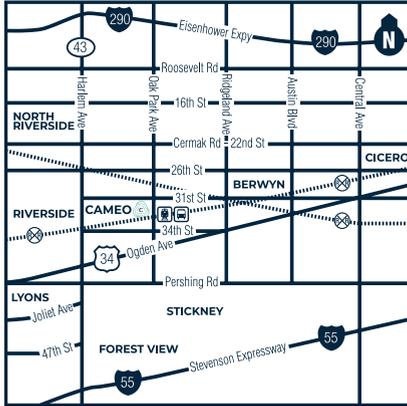
**INFORMATION FOR OUR PATIENTS:**

- 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.



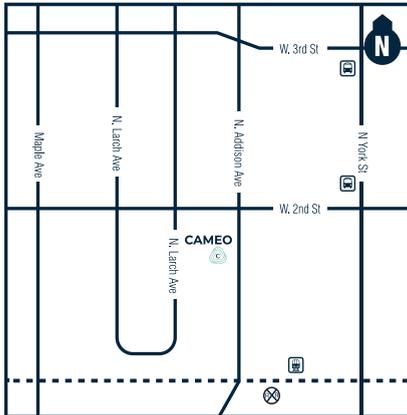
BERWYN: 3116 S. Oak Park Ave.



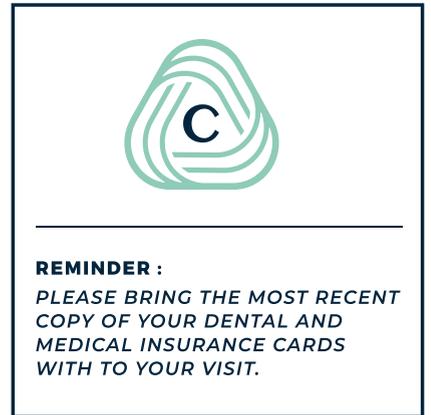
LAGRANGE: 5650 S Brainard Ave



CHICAGO 910 W. Van Buren, Suite #600



ELMHURST 148 N. Addison Ave.



## 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.

PLEASE VISIT [WWW.CAMEODS.COM](http://WWW.CAMEODS.COM) FOR DETAILS REGARDING THE SERVICES LISTED ABOVE

#### RIVER FOREST

7603 W. North Ave.  
River Forest, IL 60305  
T: (708) 456-7787  
F: (708) 689-0853  
riverforest@cameods.com

#### BERWYN

3116 S. Oak Park Ave.  
Berwyn, IL 60402  
T: (708) 484-9011  
F: (708) 484-9061  
berwyn@cameods.com

#### LA GRANGE

5650 S Brainard Ave  
La Grange, IL 60525  
T: (708) 579-0488  
F: (708) 579-0611  
lagrange@cameods.com

#### WEST LOOP

910 W. Van Buren  
Suite 600  
Chicago, IL 60607  
T: (312) 201-4141  
F: (312) 201-4177  
westloop@cameods.com

#### ELMHURST

148 N. Addison Ave.  
Elmhurst, IL 60126  
T: (630) 425-4488  
F: (630) 463-0199  
elmhurst@cameods.com