

**Michael P. Logue, D.M.D., P.A.**  
**Oral and Maxillofacial Surgery**  
**Board Certified**

*Referral Slip*

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

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

Referred by: \_\_\_\_\_

Referred for:

Consultation: \_\_\_\_\_

\_\_\_\_\_

Extractions: \_\_\_\_\_

\_\_\_\_\_

Implant Evaluation: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Medical History:

High Blood Pressure

Antibiotic Prophylaxis needed

Patient on Coumadin

Multiple Medical Conditions

Remarks: \_\_\_\_\_

\_\_\_\_\_

Please call to discuss case

X-rays:  mailed

given to patient

Appointment date: \_\_\_\_\_

Time: \_\_\_\_\_

Appointment Location:

1800 N. Federal Hwy. Suite 201  
Pompano Beach, FL 33062  
(954) 941-2727  
Fax (954) 941-1116

600 S. Dixie Hwy. Suite 205  
Boca Raton, FL 33432  
(561) 391-2511  
Fax (561) 392-6162

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