

**JOHN FASBINDER D.D.S., P.A.**

**DENTAL SURGERY & ANESTHESIA**  
3700 W. 83<sup>rd</sup> Street, Suite 109  
Prairie Village, KS 66208  
www.drfasbinder.com

**PHONE: 913-341-6767      FAX: 913-341-8077**

**REFERRAL INFORMATION SHEET**

**Thank you for your Referral!**

**Please complete the following information and FAX it to our office at 913-341-8077.  
Then, give this form to your patient to bring with them to their appointment.**

**DATE:** \_\_\_\_\_ **PATIENT NAME:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Patient Contact Information:**

**Parent or Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Institution Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Referral (please Circle):**

- Anesthesia/Sedation
- Endodontic/Restorative/Perio
- High Anxiety
- Jaw/Facial Pain
- Oral Surgery
- Pediatric

**Remarks:**

**Special Needs Considerations:**

**Referral From:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Types of Radiographs/Records Provided:** \_\_\_\_\_

**FAX THIS SIDE ONLY TO DR. FASBINDER'S OFFICE**  
913-341-8077 (fax)

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**INSTRUCTIONS TO PATIENTS**

You have been referred to our office for specialized care. Our office will make every effort to ensure your visit with us is a comfortable experience. Please assist us by providing the following information at the time of your consultation:

- Bring this form
- A list of medications you are presently taking (including supplements)
- Please alert the office if you have a medical condition that may be of concern (ie., artificial heart valves and joints, heart murmur).
- X-rays, if applicable.
- Payment is required at the time of service. If you have insurance, we ask that you pay your co-payments and deductibles at the time of service.
- We accept most major insurance; checks; credit cards; and cash.

**APPOINTMENT INSTRUCTIONS**

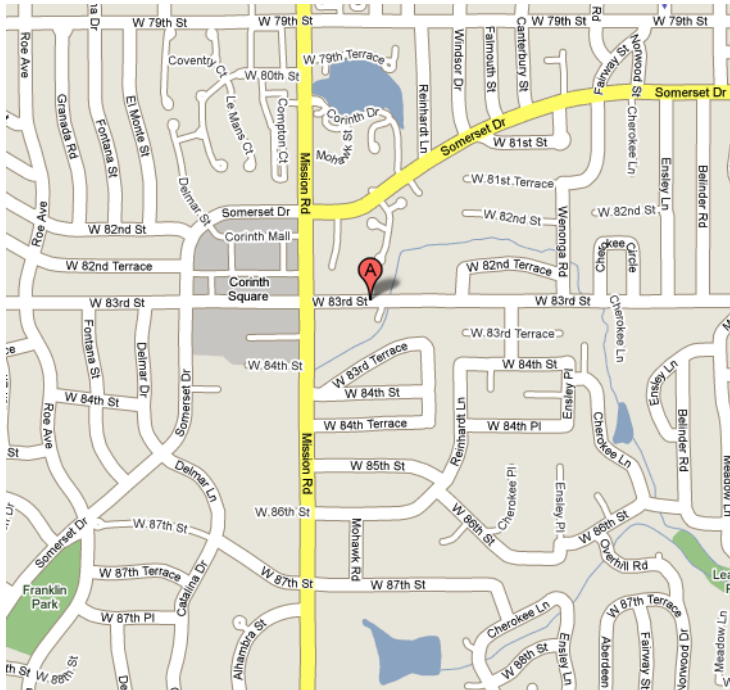
**\*\*\*\*Please call our office at 913-341-6767 to make your appointment.\*\*\*\***

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

*Your appointment time is reserved specifically for you.*

*If, by necessity, you must cancel your appointment, please notify us at least 48 hours in advance.*

**PLEASE CALL US IF YOU HAVE ANY QUESTIONS PRIOR TO YOUR APPOINTMENT!**



**Our office is located near the corner of 83<sup>rd</sup> and Mission Road in the Corinth Square office building, Suite 109.**

**Wheelchair access is available from the south parking areas (facing 83<sup>rd</sup> Street) and into the front entrance of the building.**