



# Cumberland Surgery Center

**CRAIG LAHAR, D.M.D.**

Oral & Maxillofacial Surgery, P.C.

*Board Certified*

Patient \_\_\_\_\_

Doctor \_\_\_\_\_ Date of Referral \_\_\_\_\_

Special Instructions: \_\_\_\_\_

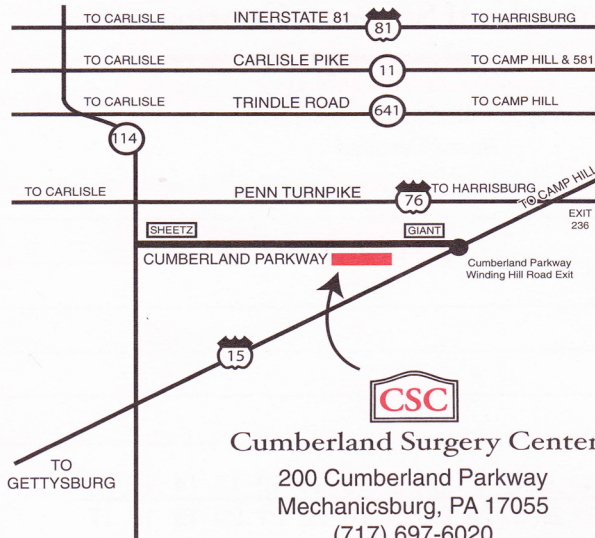
Consult Request For: \_\_\_\_\_

Surgery Requested: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**PLEASE  
MARK "X" FOR  
EXTRACTION.**

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K



Please call for  
your surgery  
or consultation  
appointment.

We would be  
pleased to help  
with your insurance  
questions or to  
clarify directions to  
the office.

Those patients  
scheduled for  
surgery with  
general anesthesia  
must call for  
special instructions.