

Oral & CONESTOGA Maxillofacial Surgery, L T D.

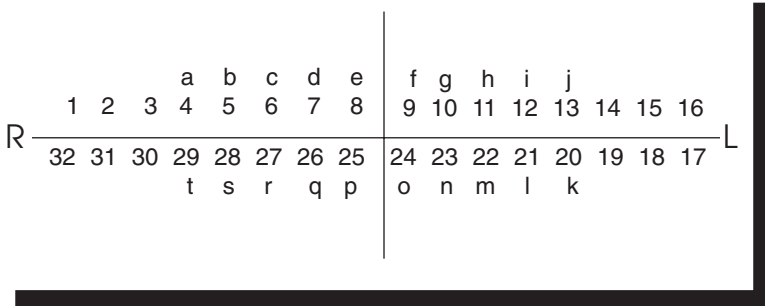
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J. Frederick Chairsell, D.D.S.
 Michael P. Eckhart, D.D.S.
 Thomas H. Yingling, D.D.S.
 Gary W. Seldomridge, D.M.D.
 Andrew P. Heise, D.M.D., M.D.
 Steven F. Waugh, D.D.S.
 Daniel P. Henrichsen, D.M.D.

Referring Doctor _____ Date _____

Patient Name _____

Date of Birth _____



Notes: _____

190 Good Drive
 Lancaster, PA 17603-2353
 (717) 394-3033
 FAX (717) 394-5378

1834 Oregon Pike
 Lancaster, PA 17601-6463
 (717) 569-7513
 FAX (717) 569-7685

2310 Rothsville Road
 Lititz, PA 17543
 (717) 626-9995
 FAX (717) 625-2202

- Orthognathic
- Dental Implants
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- Reconstruction
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- Extractions

