



# SANDY SPRINGS

ORAL SURGERY

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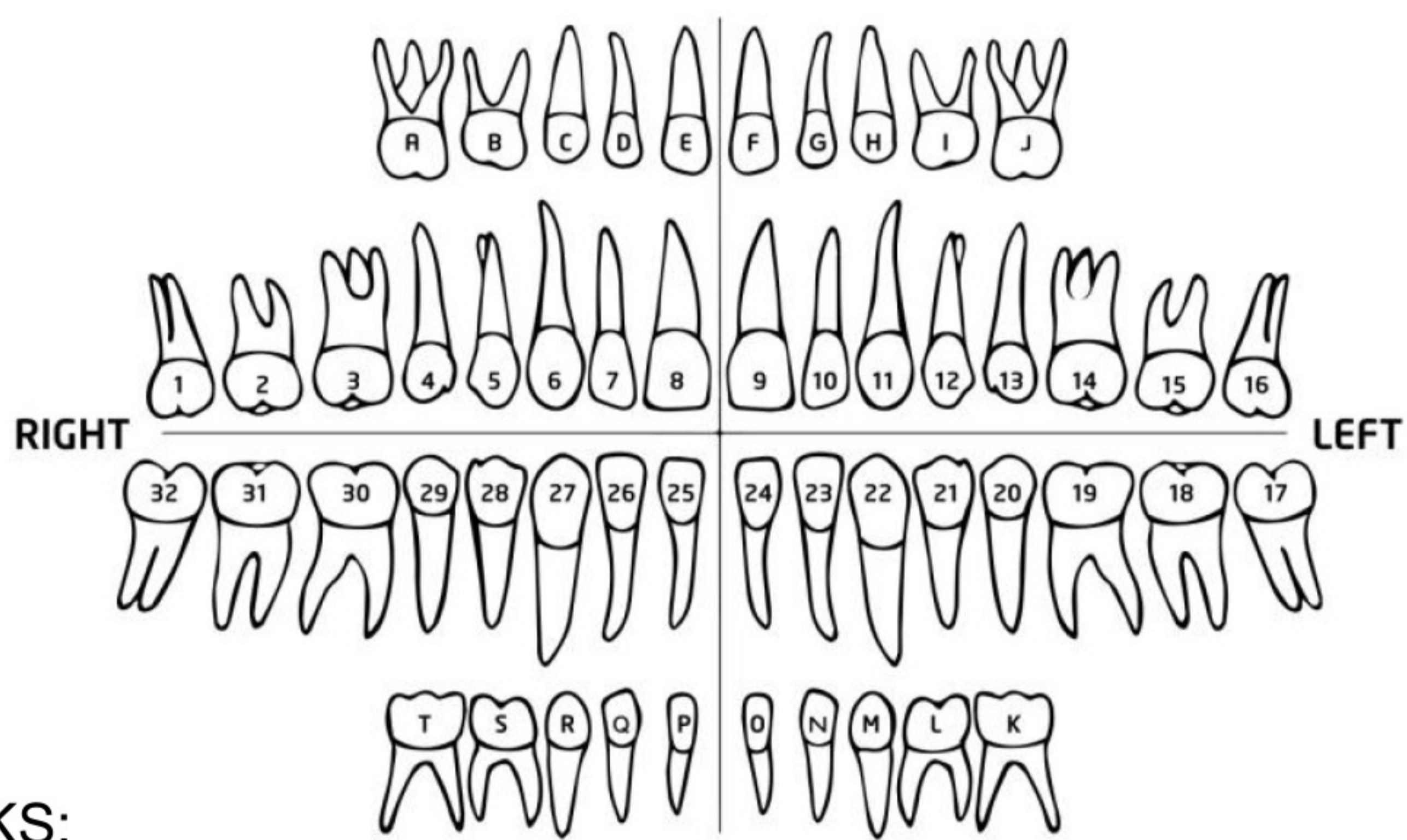
DATE:

INTRODUCING:

REFERRED BY:

### REASON FOR CONSULT:

- |  |  |
|--|--|
| <input type="checkbox"/> BIOPSY                      | <input type="checkbox"/> INFECTION               |
| <input type="checkbox"/> BONE GRAFT AREA _____       | <input type="checkbox"/> IMPLANTS TOOTH # _____  |
| <input type="checkbox"/> EXPOSE & BOND TOOTH # _____ | <input type="checkbox"/> ORTHOGNATHIC EVALUATION |
| <input type="checkbox"/> EXPOSURE TOOTH # _____      | <input type="checkbox"/> PRE-PROSTHETIC          |
| <input type="checkbox"/> EXTRACTION TOOTH # _____    | <input type="checkbox"/> SINUS LIFT              |
| <input type="checkbox"/> FRENECTOMY                  | <input type="checkbox"/> TMJ EVALUATION          |



REMARKS:

IN ORDER TO GIVE OPTIMUM CARE TO OUR PATIENTS, IT IS REQUIRED THAT THOSE REQUESTING IV SEDATION BE SEEN FOR CONSULTATION PRIOR TO SURGERY. AT THAT TIME, THE PROCEDURE AND ANESTHETIC BEST SUITED FOR THE PATIENT WILL BE DETERMINED. PATIENTS UNDER 18 YEARS OF AGE **MUST** BE ACCOMPANIED BY A PARENT OR GUARDIAN. ALL FEES FOR PROFESSIONAL SERVICES ARE DUE AT THE TIME OF TREATMENT UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.