SANDY SPRINGS
ORAL SURGERY

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Diplomates of the American Board of Oral & Maxillofacial Surgery

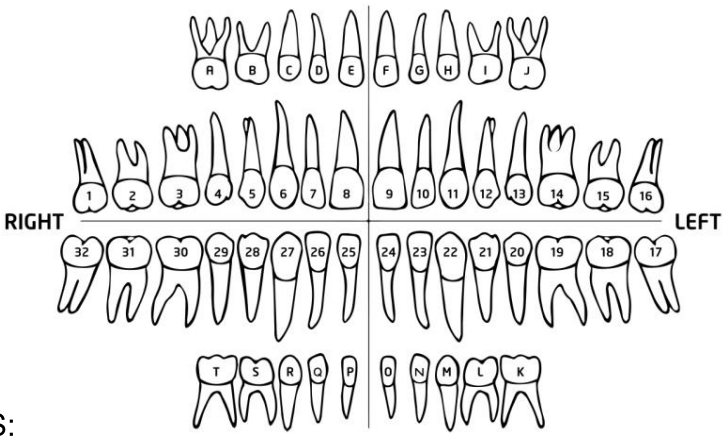
DATE:

INTRODUCING:

REFERRED BY:

REASON FOR CONSULT:

- ☐ BIOPSY
- ☐ BONE GRAFT AREA _____
- ☐ EXPOSE & BOND TOOTH # _____
- ☐ EXPOSURE TOOTH # _____
- ☐ EXTRACTION TOOTH # _____
- ☐ FRENECTOMY
- ☐ INFECTION
- ☐ IMPLANTS TOOTH # _____
- ☐ ORTHOGNATHIC EVALUATION
- ☐ PRE-PROSTHETIC
- ☐ SINUS LIFT
- ☐ 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.

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