



# North Atlanta Oral and Maxillofacial Surgery



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**Cumming**  
3275 Market Place Boulevard  
Ste 175  
Cumming, GA 30041

Referring Doctor: \_\_\_\_\_

Referring Doctor Phone: \_\_\_\_\_

Referring Doctor Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Contact Name: \_\_\_\_\_

Patient Contact Phone: \_\_\_\_\_

**Panoramic X-ray/FMX/CBCT**

Date Last Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

**None Taken**

**Will Be Emailed**

**Given to Patient**

**Attached**

**Referral Case Procedure(s):**

Third Molar Extraction

Extraction

Alveoplasty

Implant

Ridge Augmentation

Sinus Lift

Biopsy

Pathology

Expose & Bracket

Frenectomy

TMJ

Incision & Drainage

Other: \_\_\_\_\_

**CIRCLE and/or "X" Teeth Indicated for REMOVAL**

**Implants at Site Number(s):** \_\_\_\_\_

**Location/Additional Notes:** \_\_\_\_\_

