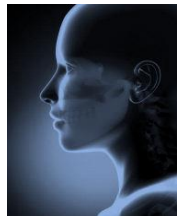




# North Atlanta Oral and Maxillofacial Surgery

Dr. Dale R. Duncan



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[NAOMS.NET](http://NAOMS.NET)  
✉ [contactus@naoms.net](mailto:contactus@naoms.net)  
Phone: (770)664-6533  
Fax: (470)745-0659

**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

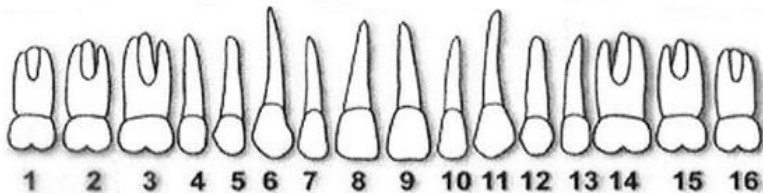
### Referral Case Procedure(s):

- |                        |                    |                     |
|------------------------|--------------------|---------------------|
| 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

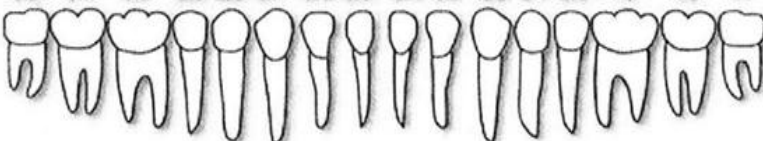
Implants at Site Number(s): \_\_\_\_\_

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



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

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



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

T S R Q P O N M L K

