

Introducing: \_\_\_\_\_

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

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_



**Oral Surgery  
Specialists**  
*Of Atlanta*

Please evaluate and treat:

Extractions:

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

Apicoectomy

Soft Tissue/Osseous Pathology

Preprosthetic Surgery/Implant Surgery

Expose/Bond/Bracket for Orthodontics

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

Remarks: \_\_\_\_\_

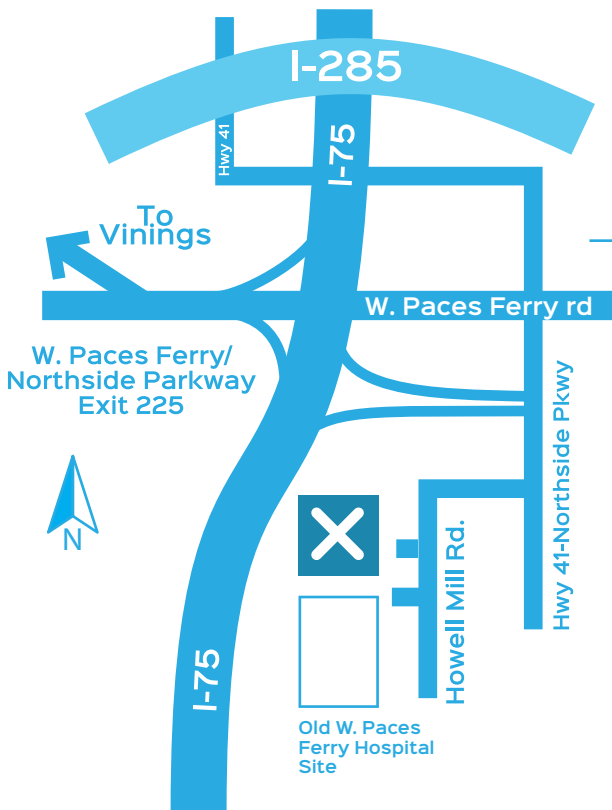
Diagnosis: \_\_\_\_\_

**Andrew Aiken, DMD, MD**

**Drew Shessel, DMD**

[www.oralSURGERYSPECIALISTSAtlanta.com](http://www.oralSURGERYSPECIALISTSAtlanta.com)

3280 Howell Mill Rd  
Suite 240  
Atlanta, GA 30327  
**(404) 351-5335**



A consultation prior to elective surgical procedures is required. The surgical procedure, anesthesia, and expected postoperative course will be discussed. Payment arrangements and insurance coverage will be determined at this time.

Patients requiring IV sedation should refrain from having anything to eat or drink for a minimum of six (6) hours (*no water within two hours*) prior to their appointment and should be accompanied by a responsible adult for transportation.



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