Introducing: _____

Patient Phone: _____

Date: _____

Referred by: _____

Oral Surgery Specialists
Of Atlanta

Please evaluate and treat:

☐ Extractions:

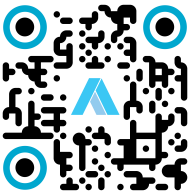
				A	B	C	D	E	F	G	H	I	J		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
				T	S	R	Q	P	O	N	M	L	K		

☐ 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

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



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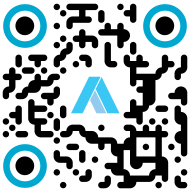

4700 Chamblee Dunwoody Rd
Suite 400
Dunwoody, GA 30338
(470) 300-2616

A consultation prior to elective surgical procedures is required. The surgical procedure, anesthesia, and expected postoperative course will be discussed. Payment is required the day of service.

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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