

MARK MOORE, D.M.D.,P.C.

ORAL & MAXILLOFACIAL SURGERY

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PATIENT REFERRAL SLIP

From Dr. _____ Date: _____

Introducing: _____

Please extract the following teeth:

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

OR

Consultation regarding: _____

Note to patient:

1. Please bring this form with you to your appointment.
2. Patients under age 18 MUST be accompanied by parent or legal guardian.
3. Please bring any medical/dental insurance information/cards with you to your appointment.

See map on reverse for directions to our office.