

Northeast Georgia Oral and Maxillofacial Surgery

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Introducing _____ Date _____

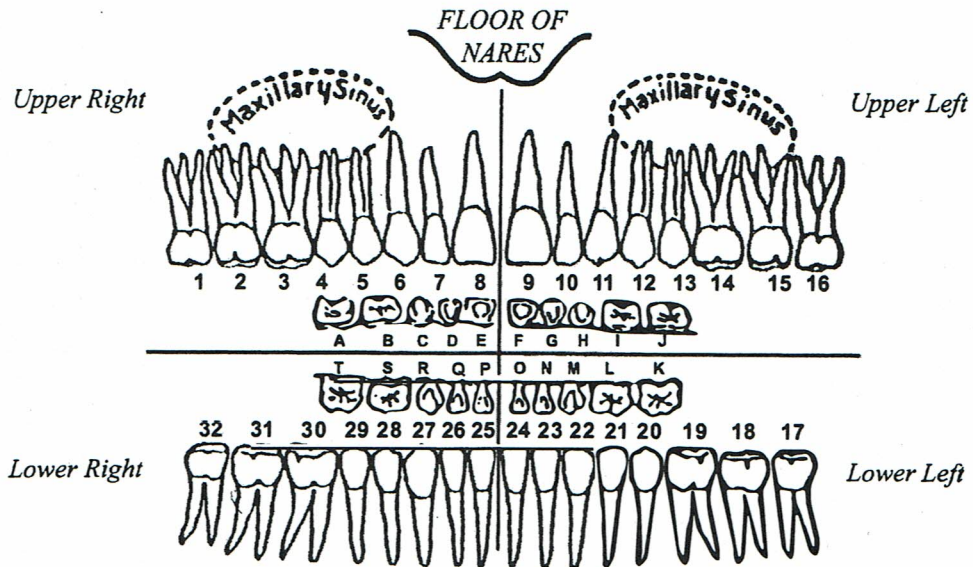
Referred by Dr. _____ Appointment _____

Pre-Registration @ negaoralmax.com

Extraction (x) _____

- Implants Consultation
- Bone Graft Consultation
- Pathology
- i-CAT 3D Imaging
- Other: _____

- Please call me before treatment is begun.
- Restorative treatment is awaiting completion of surgery.



NOTE TO PATIENT

Patient under the age 18 must be accompanied to the office by a parent or guardian.

We require a consultation prior to all procedures.