



Richard E. Paul, D.M.D., P.C. Oral & Maxillofacial Surgery

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Date: _____ Time: _____ Day: _____ Referred By: _____
Introducing: _____ Telephone: _____

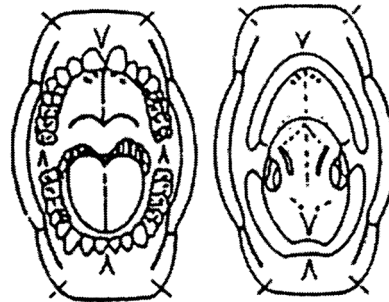
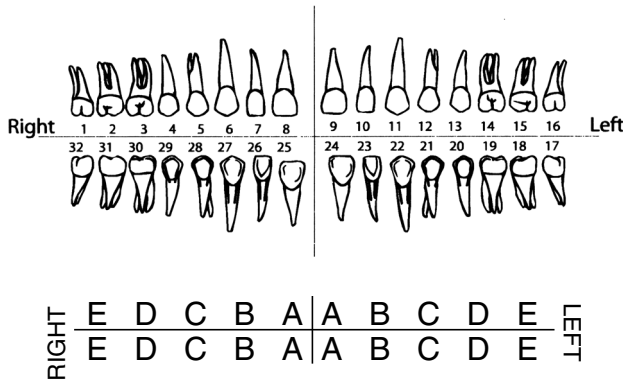
Appointment Information: This time is reserved specifically for you. For any change to your scheduled appointment, please contact us during business hours at least 48 hours in advance.

Please call me concerning this patient

- Dental Implants
- Extraction
- Lesion Evaluation
- Frenectomy
- TMJ/Facial Pain
- Apicoectomy

RADIOGRAPHS

- Being Mailed
- Given to Patient
- E-mail to: info@drpauloms.com



Comments: _____

Please visit our website at www.drpauloms.com to fill out this referral form on line or fax to 770-474-9395.

Welcome to Our Oral and Maxillofacial Surgery Office

You have been referred for specialized care to an Oral and Maxillofacial Surgeon. Our office will make every effort to make your visit with us a comfortable experience. Please assist us by providing the following information at the time of your consultation.

- Your surgical referral slip and any X-rays if applicable
- A list of medications you are presently taking
- If you have medical or dental insurance, please bring the necessary insurance information. This will save time and allow us to help you process any claims.

IMPORTANT All patients under the age of 18 years old must be accompanied by a parent or guardian at the consultation visit.

- A pre-operative consultation and physical examination is mandatory for patients undergoing IV anesthesia for surgery.
 - Please alert the office if you have a medical condition that may be of concern prior to surgery (i.e. diabetes, blood thinner, heart murmur, artificial heart valves or joints, rheumatic fever, pregnancy).
- Our office is determined to allay any concerns you may have about your appointment. Please ask us so we may help you.

*** See map on backside for directions ***

