

10700 Medlock Ridge Rd., Ste 204
Johns Creek, GA, 30097
P: 770-764-0840 F: 770-764-0870

PATIENT REFERRAL

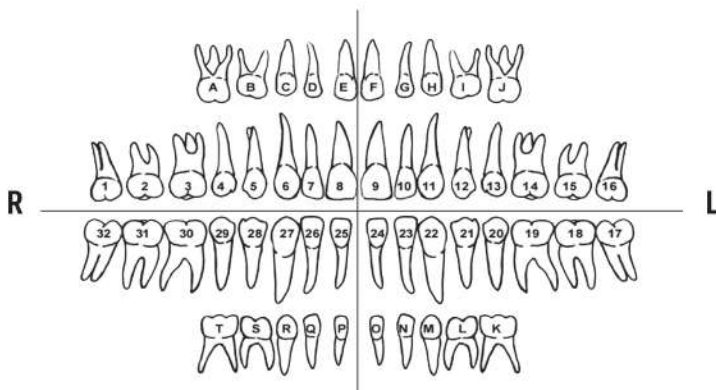
Patient Name: _____

Patient Contact Number: _____

Referred By: _____ Referral Date: _____

Comments: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> TMJ Evaluation | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Implant Surgery | <input type="checkbox"/> Preprosthetic Surgery | <input type="checkbox"/> Expose and Bond |
| <input type="checkbox"/> Lesion and Tumor Management | <input type="checkbox"/> IV Sedation | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Bone Graft / Site Preservation | <input type="checkbox"/> 3D Imaging | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Incision and Drainage | <input type="checkbox"/> Other |



Directions:

From GA-141-N
-Take GA -141 N
-Head towards GA-400/Cumming/Dahlonega
-Continue unto Parsons Rd
-Turn into the Parsons Meadows Professional building

Important Instructions to Patients:

1. You may register online at our website prior to your appointment
2. Please bring your referral form and xrays (additional images may be necessary)
3. Provide a detailed medical history and complete medications list
4. All minors must be accompanied by a parent or legal guardian
5. A preop consult may be necessary prior to scheduling your surgery

You may also email us at info@creeksideoralsurgery.com
www.CreeksideOralSurgery.com