100 West Chason Street
Donalsonville, GA 39845
229.524.5772 Phone
229.524-5900 Fax

84 Court Street
Cuthbert, GA 39840
229.732.3300 Phone
229.732.3550 Fax

Southwest Georgia Dental Associates
Michael R. Carr, D.M.D., P.C.

Please forward form to our office at your earliest convenience. Thank you!

Patient Information

Patient Name____________________________________

Phone_________________________ **DOB**____________

Email____

Payment (please circle) *Medicaid Private Insurance Cash*

Insurance Company______________________________

Member ID #____________________________________

Today's Date _____/______/__________

Referring Doctor Information

Doctor's Name________________________

Phone________________________________

Purpose for Appointment

Consultation:

___Extraction Consult ___ Implants Consult ___ Orthognathic Evaluation ___Other_______________

Other Procedures

___Alveoplasty ___Biopsy ___Expose and Bond ___Exposure ___Frenectomy
___Hard Tissue ___Incision & Drainage ___Infection ___Soft Tissue ___Lesion Evaluation

Oral Surgery Procedures To Be Performed:
Extraction, Teeth # _____________________________________

Please indicate the teeth and/or areas to be evaluated:

Tooth Numbers

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

Right — Left

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

Referring Doctor's Comments:

We appreciate your referrals to our office. Thank you.