



Dr. Dale R. Duncan

North Atlanta Oral and Maxillofacial Surgery

www.drdaleduncan.com

Email: drduncanoms@bellsouth.net



Alpharetta

2555 Westside Parkway
Suite 350
Alpharetta, Georgia 30004
Phone: 770-664-6533
Fax: 470-745-0659

Cumming

3275 Market Place Boulevard
Suite 175
Cumming, Georgia 30041
Phone: 770-664-6533
Fax: 470-745-0659

Referring Doctor: _____

Referring Doctor Phone: _____

Referring Doctor Email: _____

Patient Name: _____

Patient Date of Birth: _____

Patient Contact Name: _____

Patient Contact Phone: _____

Panoramic X-ray/FMX/CBCT

Date Last Taken: ___/___/___

___ None Taken

___ Will Be Emailed

___ Given to Patient

___ Attached

Referral Case Procedure(s):

- Third Molar Extraction Extraction Implant Biopsy
- Exposure Expose & Bracket Sinus Lift Ridge Augmentation
- Frenectomy Infection Alveoplasty Incision & Drainage
- TeethxPress Restoration Full Mouth Upper Arch Lower Arch
- Other: _____

CIRCLE and/or "X" Teeth Indicated for REMOVAL

Implants at Site Number(s): _____

Location/Additional Notes: _____

