

**Dale R. Duncan, D.D.S.**  
*North Atlanta Oral & Maxillofacial Surgery*

4165 Old Milton Pkwy.  
 Ste. 200 West  
 Alpharetta, GA 30005  
 Ph: (770) 664-6533  
 Fax: (770) 442-8941

3275 Market Place Blvd.  
 Ste. 175  
 Cumming, GA 30041  
 Ph: (770) 406-2060  
 Fax: (770) 406-2063

Introducing: \_\_\_\_\_

Date: \_\_\_\_\_ Appointment: \_\_\_\_\_

Referring Doctor & Phone: \_\_\_\_\_

\_\_\_\_\_ Please call me regarding this patient.

Consultation regarding: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please indicate teeth for removal:

			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	
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				

In order to render the best professional care it is necessary that patients are seen prior to proposed treatment for assessment of current problem(s), general health and medical status, and determination of procedure and anesthetic.

See directions on back

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