



**THE EMORY CLINIC, INC.
ORAL AND MAXILLOFACIAL SURGERY**

1365 Clifton Road, NE Suite B2300, Atlanta, GA 30322
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www.emoryhealthcare.org/oral-maxillofacial

Doctor: Dr. Steven Roser Dr. Gary Bouloux Dr. Martin Steed Dr. Sam Farish First Available

Patient Information:

Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Telephone (primary): _____ Telephone (secondary): _____

- Please contact this patient at the above telephone number for an appointment.
 This patient will contact your office for an appointment.

Referring Doctor Information:

Referred by: _____

Telephone: _____

Email: _____

Preferred method of contact: Telephone Email

Please have the surgeon contact the referring physician before seeing this patient.

Please evaluate for the following:

Extraction of teeth (please circle):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- | | |
|---|---|
| <input type="checkbox"/> Implant(s) | <input type="checkbox"/> Nerve Injury |
| <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> TMJ Pain/Limited Function | <input type="checkbox"/> Facial Trauma |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Other: _____ |

Radiographs or Clinical Photos: Being Mailed Given to Patient Please Take No x-ray

Additional Comments:

Patients please note:

Except for emergencies, your first appointment is generally for a consultation and evaluation only. Procedures to be performed will be discussed at the time of consultation, and a surgery date will then be scheduled.

Many insurance companies require a written referral from your primary care physician. Please make sure we receive that prior to scheduling your appointment, or your insurance company may refuse to pay for services.

Please bring with you any medical documentation, including x-rays, scans, medical records, etc., that will be pertinent to your appointment with us.