Dr. R. Terry Ellis
Diplomate
American Board of Oral & Maxillofacial Surgery

Dr. Ted R. McCurdy
Member
American Association Oral and Maxillofacial Surgery

Referring Dr:____________________ Date:_____________________

Patient Name:____

Pre-surgical consultation for: _________________________________

____

Special Instructions or Comments:____________________________

____

Appointment Date & Time: _____________________________

Panorex or PA mailed___________ or Sent with Patient __________

We would prefer e-mail x-rays to mexray@bellsouth.net

Your appointment is at the office checked below.

Please refer to the map on the back.

Your appointment will be at the location checked:
?1718 Memorial Drive (931) 552-4935

?1275 Parkway Place (931) 552-7575

Note to Patient:
Drs. Ellis and McCurdy look forward to having you for a patient. We would like to remind you that **the first visit with an oral surgeon is a pre-surgical exam and consultation**, in which we will review your health history, decide on the most appropriate treatment plan, and **schedule the surgery at a separate appointment**. If for any reason you are unable to keep your appointment, please notify our office at least 24 hours in advance.

Please feel free to visit our website at www.omsimplants.com or www.ellisoms.com , where you can meet our doctors, find new patient registration forms, FAQ, and general oral surgery information.

Please mark teeth or area to be treated:

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
RIGHT ________________ LEFT
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

Treatment Indications:

Pain:________________________	NRC ________________________
Infection______________________	Perio/TX Facilitation ____________
Crowding _____________________	Pt. Refuses Non Surg. TX_________
Poor Eruption Prognosis ________	Prosthodontic/Operative___________
Orthodontic/Occlusion___________	Implants to be placed_____________
Pathology_____________________	Other: _________________________

1718 Memorial Drive; Clarksville, TN 37043; (931) 552-4935; (800) 935-3999; Fax: (931) 552-0959
1275 Parkway Place; Clarksville, TN 37042; (931) 552-7575; (866) 552-7575; Fax: (931) 552-9782