



Oral & Facial SURGERY GROUP

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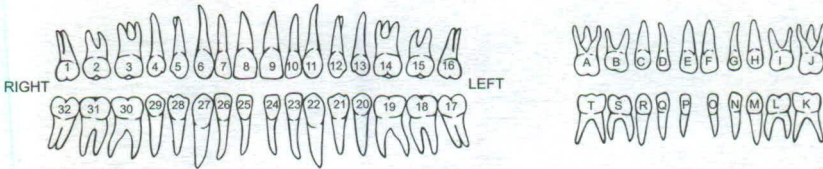
Date _____ Referred by Doctor _____

Dr. Telephone _____ Dr. Email Address _____

Patient _____ Telephone _____

Appointment _____ Email Address _____

Reason for referral _____



Treatment Requested:

- | | |
|--|--|
| <input type="checkbox"/> Extraction Tooth# _____ | <input type="checkbox"/> Infection / Incision & Drainage |
| <input type="checkbox"/> Wisdom Teeth Removal# _____ | <input type="checkbox"/> Trauma Intra-Oral |
| <input type="checkbox"/> Alveoplasty / Pre-prosthetic / Tori Removal | <input type="checkbox"/> Trauma Facial |
| <input type="checkbox"/> Pathology / Biopsy | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Apicoectomy / Endodontics # _____ | <input type="checkbox"/> Dental Implants Tooth # _____ |
| <input type="checkbox"/> Bone Grafting / Sinus Augmentation | <input type="checkbox"/> Orthodontic |
| <input type="checkbox"/> Socket Preservation | <input type="checkbox"/> Other _____ |

Details/Comments: _____

1. If you plan on being sedated, having nothing to eat or drink for 8 hours prior to surgery.
2. Someone needs to bring you and take you home.
3. Children under 18 must have a legal guardian present.
4. Wear loose, comfortable clothing, minimum jewelry, tongue and lip piercings removed.
5. If you have any questions, please call 912-330-9229.

