



Grant M. Hogan, DDS, MD

DIPLOMATE, AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY

1380 Peachtree Industrial Blvd., Suite 100 · Suwanee, GA 30024

Office: 770.232.1191 · Fax: 770.232.2733

www.gafacial.com

Referral Date: _____

Introducing: _____

Referring Doctor: _____

Dr.'s Telephone: _____

Implant Evaluation: _____

Pathology: _____

Please Evaluate For The Following:

Removal of teeth (marked below)

			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	
Right									Left								
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				

Sleep Apnea Surgery Evaluation

Orthognathic Surgery Evaluation

Remarks or Special Instructions

Expose & Bond (marked above)

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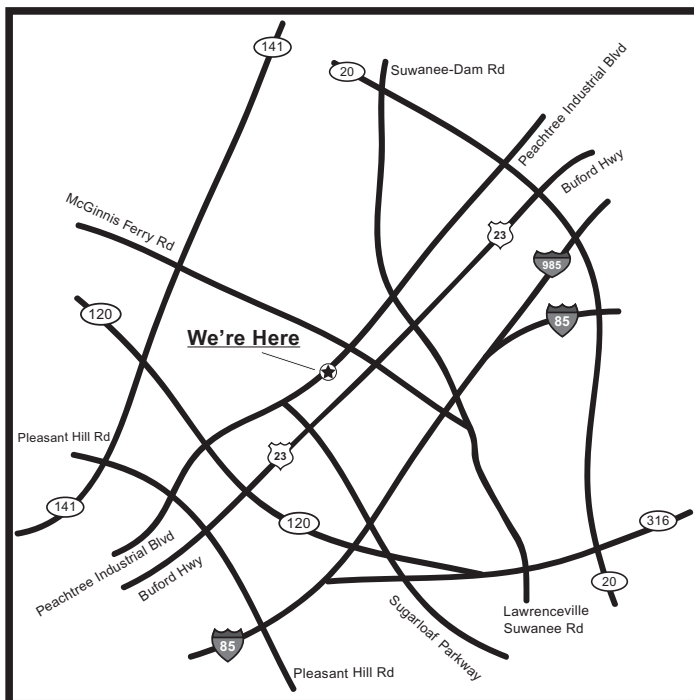
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Instructions to Patients



You have been referred to our office for specialized treatment by an Oral & Maxillofacial Surgeon. We provide care in a comfortable environment. Please have the following available at your appointment to assist us in providing you excellent service:

- This surgical referral slip and any x-rays if applicable
- A list of the medications that you are presently taking
- If you have medical or dental insurance, please bring the necessary card/forms, as this will allow us to help you process any claims.

IMPORTANT: Patients under the age of 18 years must be accompanied by a parent or guardian at the first visit.

- Your first appointment is usually for a consultation and evaluation only. Any surgery that may be necessary will be discussed in detail with you at that time. The date for surgery will then be scheduled through our office.
- **If you are a new patient to our office**, you need to register online prior to your appointment. Go to our website at www.gafacial.com and click on "Patient Registration" and then click on the blue-colored "Register Online Now" and complete the forms.
- Please call us for any concerns or questions you have.