

**The University of Tennessee Health Science Center College of Dentistry
 Department of Oral and Maxillofacial Surgery**

875 Union Avenue, 3rd Floor
 Memphis, Tennessee 38163
 t 901.448.6233 | f 901.448.2032

Referring Doctor _____ Date _____

Doctor Email _____ Phone _____

Patient Name _____ DOB _____

Patient Address _____ Patient Phone _____

Appointment Date and Time _____

Reason for Consultation

- Third Molar Extraction
- Pathology
- Periapical Surgery
- Preprosthetic Surgery
- Orthognathic Surgery
- Cleft Lip/Palate
- Implants
- TMJ Evaluation
- Trauma
- Tooth Exposure
- Craniofacial
- Other

Radiographs

- Being Mailed
- Sent with Patient
- Need to be Made

Comments _____

Important Notices

A consultation appointment is required for all procedures that will involve the use of general anesthesia, intravenous sedation, or dental implants. This consultation appointment is required to evaluate your condition, review your medical history, and discuss treatment options, as well as the type of anesthetic that will most suit your needs. Procedure fees and insurance coverage/preauthorization will also be discussed during this visit.

Please be advised that there is a charge for evaluation and for a radiograph if deemed necessary. If a current radiograph is provided, there will be a charge for the evaluation. Treatment at the College of Dentistry is neither free nor income-based. There are no payment plans for oral surgery. Thank you.

PLEASE INDICATE TEETH/AREA TO BE TREATED

RIGHT
LEFT

RIGHT
LEFT

32 31 30 29 28 27 26 25
24 23 22 21 20 19 18 17

(R)

(L)

(R)

(L)