



Tyler H. Haeffs, DMD

1380 Peachtree Industrial Blvd. Suite 100 · Suwanee, GA 30024
 Office: (770) 232-1191 · Fax: (770) 232-2733
 gafacial.com

Referral Date: _____

Introducing: _____

Referral Doctor: _____

Dr.'s Telephone: _____

Implant Evaluation

Pathology

Orthognathic Surgery Evaluation

Remarks or Special Instructions

Please evaluate the following teeth (please circle)

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

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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T	S	R	Q	P	O	N	M	L	K
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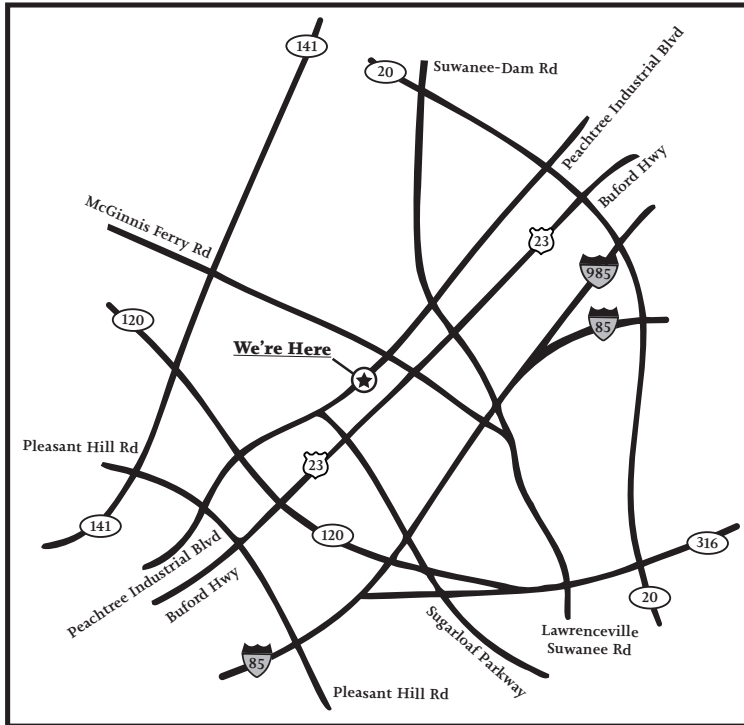
Expose & Bond (Marked Above)

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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.
- A list of doctors that you see.
- 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 legal 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 gafacial.com, click on "Patient Registration", then click on the "Online Registration Form" button. Follow the instructions from there.
- Please call us for any concerns or questions you have.