



Metropolitan Oral & Maxillofacial Surgery Associates

Joyce T. Lee, D.D.S., M.D.

www.drjoycelee.com

Diplomate, American Board of Oral & Maxillofacial Surgery

100 Colony Square, Suite 1202  
1175 Peachtree Street NE · Atlanta, GA 30361  
office 404 874 1115 · fax 404 874 0624  
atlantamosa@gmail.com

Date \_\_\_\_\_

Introducing \_\_\_\_\_ Phone \_\_\_\_\_

Patient's Address \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Dr. requests call prior to seeing patient? \_\_\_\_\_

Radiographs:  Enclosed  Will Bring  No X-ray Available  Please Take

Please evaluate and provide treatment for the following:

- Extractions
- Dental Implants
- Crown Lengthening
- Facial Cosmetic Surgery
- (please specify) \_\_\_\_\_
- \_\_\_\_\_
- Apicoectomy
- Trauma
- TMJ Disorder
- Orthognathic Surgery
- Biopsy
- Tori Removal
- Frenectomy
- Exposure
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please circle teeth to be treated:

																Right					Left				
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
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

Remarks: \_\_\_\_\_

Future Restorative Plan: \_\_\_\_\_

A. Patient copy B. Copy to be mailed to Specialist