Specialty Dental Services of Georgia, LLC
Dr. Richard Liposky
Board Certified Oral Maxillofacial Surgeon

76 Seven Hills Boulevard
Suite 107
Dallas, GA 30132
678-574-4837

Request Oral Maxillofacial Surgery Consultation

Patient: _____ Phone _____

Reason for consultation: _____

_____

_____

Circle Teeth for Extraction

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 **Evaluate only** ☐

Right **Left**

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 **Evaluate and Treat** ☐
T S R Q P O N M L K

X-rays Available: Yes No **X-rays Sent: Yes No**

Has the patient scheduled an appointment? Yes No Date _____ Time _____

Referring Doctor: _____ Phone _____

Would you like Dr. Liposky to call you <u>before</u> any treatment? Yes No

Additional Info for Dr. Liposky ...

_____

_____

_____

_____

Sign: _____

Date: _____

Specialty Dental Services
OF GEORGIA

Office Use:	**Date**
X-rays Received	_____
Appt. Scheduled	_____
Dr Called	_____
Letter Sent	_____