

HAMILTON MILL ORAL & FACIAL SURGERY

Comprehensive Oral and Maxillofacial Surgery

www.hamoralsurgery.com



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Yadira Cardona-Rohena, DMD

Board Certified Oral & Maxillofacial Surgeon

Date: _____

Name of Patient: _____

Referred by: _____

Phone: _____

Attach X-Ray(s) to this referral form. Please submit the form below. After the form is submitted you will then have the option to upload X-Rays that will be attached to this referral form.

Extraction / Surgical Removal

	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
	T	S	R	Q	P	O	N	M	L	K					

Please Evaluate and Treat:

- Infections
- Pathology
- Corrective Jaw Surgery
- Dental Alveolar Surgery
- Impacted Tooth Exposure # _____
- Frenulectomy & Fiberotomy # _____
- Crown Lengthening
- Apicoectomy (canine to canine)
- Pre-Prosthetic Surgery
- Dental Implants
Teeth # _____
Restorative Treatment Plan: _____

- Other: _____
