



**ASSOCIATED  
ORAL  
SPECIALTIES, INC.**

“Because One Smile Can Have Many Needs”

**Doctor's Center @ Emory/St. Joseph's Hospital**  
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*Implantology, Sedation, and  
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associatedoralspecialties.com

DATE: \_\_\_\_\_

INTRODUCING PATIENT: \_\_\_\_\_ PATIENT PHONE: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Please Mark Tooth Number(s):

			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 Examine for Orthodontics

- |  |   |
|--|---|
| <input type="checkbox"/> Comprehensive Treatment | <input type="checkbox"/> Improper Posterior Occlusion   |
| <input type="checkbox"/> Crowding                | <input type="checkbox"/> Airway/Snoring Concerns        |
| <input type="checkbox"/> Spacing                 | <input type="checkbox"/> Growth/Skeletal Considerations |
| <input type="checkbox"/> Deep Bite               | <input type="checkbox"/> Serial Extraction              |
| <input type="checkbox"/> Open Bite               | <input type="checkbox"/> Early Treatment                |
| <input type="checkbox"/> Crossbite               | <input type="checkbox"/> Molar Uprighting               |
| <input type="checkbox"/> Excessive Overjet       | <input type="checkbox"/> Habits (Thumb, Tongue Thrust)  |

Please be advised of the following special considerations

- Periodntal
- TMJ
- Restorative
- Other

Please Mark Procedure(s) Required:

Oral/Maxillofacial & Implant Surgery

- |   |   |
|---|---|
| <input type="checkbox"/> Extraction(s)          | <input type="checkbox"/> Implant(s)                 |
| <input type="checkbox"/> Pre-Prosthetic Surgery | <input type="checkbox"/> Alveoplasty                |
| <input type="checkbox"/> Infections / Pathology | <input type="checkbox"/> Orthognathic Surgery       |
| <input type="checkbox"/> CBCT Scan              | <input type="checkbox"/> Sedation / Gen. Anesthesia |
| <input type="checkbox"/> Facial Trauma          | <input type="checkbox"/> Bone Grafting              |
| <input type="checkbox"/> Biopsy                 | <input type="checkbox"/> Exposure / Frenectomy      |

Endodontics

- Evaluation Only
- Endodontic Therapy
- Retreatment
- Apicoectomy
- Post Space