

South Georgia Oral and  
Maxillofacial Surgery, PC

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[www.sgoms.com](http://www.sgoms.com)

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient's Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's Insurance Info: \_\_\_\_\_

\_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please remind the patient to bring a current list of Medications and Insurance Cards/ Info.**

Most procedures require an initial consultation prior to scheduling actual surgery. This allows the patient the opportunity to prepare for treatment.