



Dr. R. Terry Ellis
 Diplomate
 American Board of Oral & Maxillofacial Surgery
Dr. Jason S. Lilly
 Candidate
 American Board of Oral & Maxillofacial Surgery

Referring Dr: _____ Date: _____

Patient Name: _____

Pre-surgical consultation for: _____

Special Instructions or Comments: _____

Appointment Date & Time: _____

Panorex or PA mailed _____ or Sent with Patient _____

We would prefer e-mail x-rays to xray@ellisoms.com

Your appointment is at the office checked below.

Please refer to the map on the back.

Your appointment will be at the location checked:

1718 Memorial Drive (931) 552-4935

1275 Parkway Place (931) 552-7575

Note to Patient:

Drs. Ellis and Lilly look forward to having you for a patient. We would like to remind you that **the first visit with an oral surgeon is a pre-surgical exam and consultation**, in which we will review your health history, decide on the most appropriate treatment plan, and **schedule the surgery at a separate appointment**. If for any reason you are unable to keep your appointment, please notify our office at least 24 hours in advance.

Please feel free to visit our website at www.ellisoms.com where you can meet our doctors, find new patient registration forms, FAQ, and general oral surgery information.

Please mark teeth or area to be treated:

	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
RIGHT		LEFT
	T S R Q P	O N M L K
	32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17

Treatment Indications:	
Pain: _____	NRC _____
Infection _____	Perio/TX Facilitation _____
Crowding _____	Pt. Refuses Non Surg. TX _____
Poor Eruption Prognosis _____	Prosthetic/Operative _____
Orthodontic/Occlusion _____	Implants to be placed _____
Pathology _____	Other: _____