



**Dr. Abtin Shahriari**

DMD, MPH, ORAL MAXILLOFACIAL SURGEON  
*Diplomate of the American Board of Oral & Maxillofacial Surgery*

**Dr. Ajay Ganti**

DDS, MD, ORAL MAXILLOFACIAL SURGEON

Bone Grafting • Dental Implants • Teeth-in-an-Hour • All-on-4 • Wisdom Teeth • Facial Trauma • Jaw Surgery  
 Pre-Prosthetic Surgery • Distraction Osteogenesis • Oral Pathology • TMJ Disorders • Sleep Apnea • Cleft Lip & Palate  
 Bone Morphogenetic Protein • Platelet Rich Plasma • Impacted Canines • 3D Imaging

**Date**

**Introducing**

First Name

Last Name

**Referred by Dr.**

**Appointment**

**Consultation Regarding**

Empty text input fields for patient information.

Please call me concerning this patient.

**Procedures:**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Extraction          | <input type="checkbox"/> Exposure      | <input type="checkbox"/> Soft Tissue |
| <input type="checkbox"/> Alveoplasty         | <input type="checkbox"/> Hard Tissue   | <input type="checkbox"/> Frenectomy  |
| <input type="checkbox"/> Incision & Drainage | <input type="checkbox"/> Infection     | <input type="checkbox"/> Apicoetomy  |
| <input type="checkbox"/> Lesion Evaluation   | <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Other _____ |

**Radiographs or Clinical Photos**

- Being Mailed
- Given to Patient
- Please Take
- No X-Ray

If X-Rays are attached, date taken: \_\_\_\_\_

PERMANENT TEETH																PRIMARY TEETH												
■ ■ ■ ■ ■ ■ ■ ■								■ ■ ■ ■ ■ ■ ■ ■								■ ■ ■ ■ ■					■ ■ ■ ■ ■							
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	8 7 6 5 4 3 2 1								1 2 3 4 5 6 7 8								RIGHT	T S R Q P					O N M L K					LEFT
8 7 6 5 4 3 2 1								1 2 3 4 5 6 7 8																				
32 31 30 29 28 27 26 25								24 23 22 21 20 19 18 17																				
■ ■ ■ ■ ■ ■ ■ ■								■ ■ ■ ■ ■ ■ ■ ■								■ ■ ■ ■ ■					■ ■ ■ ■ ■							

Patients requiring general anesthesia should have NOTHING to eat or drink for a minimum of eight hours prior to their appointment and should be accompanied by a responsible adult who can arrange for their transportation. Patients under 18 years of age must be accompanied by a parent or guardian.

**Cumming | Shops at Brannon Crossing**  
 425 Peachtree Pkwy, Ste. 340. Cumming, GA 30041  
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**Atlanta | Tuxedo Atrium**  
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