



# Southeastern

Oral Maxillofacial & Facial Cosmetic Surgery Center, P.C.



PATIENT NAME:

I AM REFERRING THE ABOVE PATIENT FOR:  
EXTRACTION OF TOOTH #(S):

IMPLANT(S) TO REPLACE #(S):

APICOECTOMY OF TOOTH #(S):

EXPOSURE AND/OR LIGATION OF TOOTH #(S):

TORUS REMOVAL IN THE FOLLOWING AREA:

ORAL PATHOLOGY OF THE FOLLOWING AREA:

OTHER:

REFERRED BY DR.

**NOTE: PLEASE COMPLETE INFORMATION ABOVE AND ADVISE PATIENTS TO BRING THIS FORM, X-RAYS, AND A LIST OF ALL MEDICATIONS TO THE CONSULTATION APPOINTMENT.**

APPOINTMENT

AM  
PM

DAY

DATE

TIME

Appointment is with Dr. \_\_\_\_\_

at the following location:  Dothan  Enterprise



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Gregory C. Bess, D.M.D., M.D. | Clint W. Evans, D.M.D., M.D.  
D. Scott Falconer, D.D.S., M.D.

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Dear New Patient,

Welcome to our practice and thank you for giving us the opportunity to evaluate and manage your oral surgical needs. We are excited to serve you. The information given below will help ensure a smooth transition into our practice.

All patients will be seen for a consultation appointment prior to any surgical procedure(s) being scheduled. **Any patient under 19 years of age must be accompanied by a parent or legal guardian.** If surgery is scheduled, a parent must accompany minors or legal documentation of guardianship will be required.

In order to reduce your time at your first appointment, please go online to our website [www.seoral.com](http://www.seoral.com) and complete the new patient paperwork that you will find on the first page. The following checklist will help you prepare. Please note, both medical and dental insurance offer varying benefits for the type of services that we perform so information on BOTH contracts is needed.

## FIRST VISIT CHECK-LIST

- Online Registration Form Completed
- Medical/Dental Insurance Cards
- Copy of current Xray from Dentist (*if applicable*)
- Government Issued ID with Current Photograph
- List of Medications
- This Referral Card

If you do not prefer to complete this information online, please let us know and we will mail a packet to you which will contain the forms to be completed.

216 Healthwest Drive | Dothan, Alabama 36303  
Telephone:(334) 792-2880

813 East Lee Street | Enterprise, Alabama 36330  
Telephone: (334) 308-9634

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