



North Alabama Oral & Facial Surgery

Huntsville & Madison

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First Available

K. Corey Guffey DMD, MD Jason R. Miller DMD, MD Rocky Shah MD, DMD

Today's Date: _____ Appt Date: _____

Patient's Name: _____

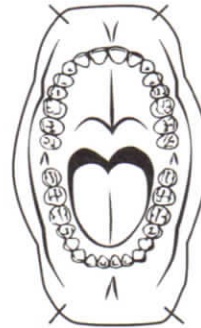
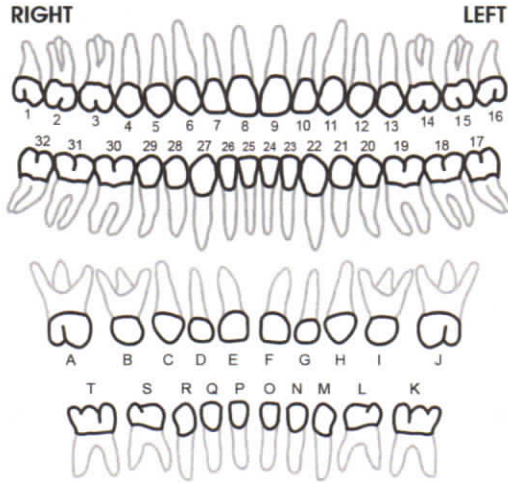
Patient's Phone: _____

Referred By: _____

X-rays: Enclosed Given to Patient Please Make

- Wisdom Teeth
- Extraction, Teeth# _____
- Alveoloplasty _____
- Apicoectomy _____
- Biopsy _____
- Bone Graft _____
- Exposure/Expose and Bracket
- Frenectomy _____
- Implant, Area(s) _____
- Orthognathic Surgery
- Tori _____
- Other: _____

PLEASE INDICATE AREA TO BE TREATED



REMARKS / SPECIAL INSTRUCTIONS:

Please see the reverse for additional information and maps to our offices.
 Please bring any x-ray or insurance information with you to your appointment.
 Prior to your first visit, please register online at www.nalofs.com or arrive 30 minutes early to complete registration paperwork.