



**CUMBERLAND SURGICAL ARTS
AND ASSOCIATES, P.L.L.C.**
ORAL • FACIAL • IMPLANT SURGERY

2285 Rudolphtown Road, Suite 200 • Clarksville, TN 37043
1275 Parkway Place • Clarksville, TN 37042
2524 Highway 49 E, Ste. C • Pleasant View, TN 37146
931-552-3292 (Office)
931-552-3243 (Fax)

- | | |
|--|---|
| <input type="checkbox"/> George S. Lee, MD, DDS | <input type="checkbox"/> Garth Porter, DDS |
| <input type="checkbox"/> Jason S. Lilly, DMD | <input type="checkbox"/> James Griffith, DDS |
| <input type="checkbox"/> Dr. _____ | |

Diplomates of the American Board of Oral & Maxillofacial Surgery

- **Our doctors look forward to meeting with you during your CONSULTATION. At this appointment your oral surgeon will review your health history, help develop your treatment plan and help get you scheduled for your surgical appointment.**
- **Surgery will not be performed on the same day as your consultation.**
- **Please bring:** Government issued photo ID Insurance card Current medication list This referral
- **If any of these items are not provided, it could result in your consultation appointment being rescheduled.**
- **MINORS MUST HAVE A LEGAL GUARDIAN PRESENT FOR ALL APPOINTMENTS (Biological parent, POA holder, adoptive parent, court order).**

APPOINTMENT DATE: _____ PLEASE ARRIVE AT: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

PATIENT PHONE: _____

REFERRED BY: _____

REFERRING PROVIDER'S PHONE NUMBER: _____

This appointment time is reserved especially for you. If you must cancel, we respectfully request at least 24 hours notice.

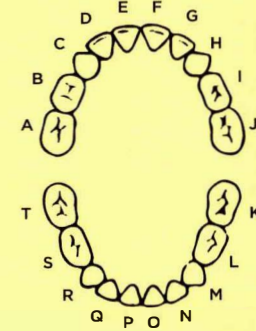
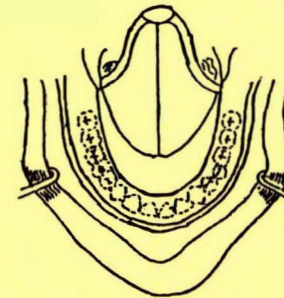
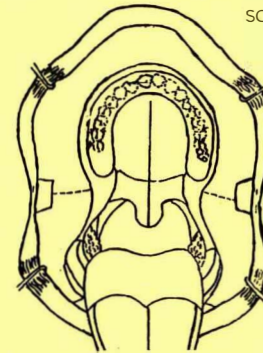
Please visit cumberlandsurgicalarts.com to meet our surgeons & team, learn about our office and the services we provide, and download your registration paperwork.

Please mark teeth or area to be treated:

1 2 3 4 5 6 7 8 A B C D E	9 10 11 12 13 14 15 16 F G H I J
RIGHT _____	LEFT _____
T S R Q P 32 31 30 29 28 27 26 25	O N M L K 24 23 22 21 20 19 18 17



SOFT TISSUE CHART



CONSULTATION FOR:

- | | |
|--|---|
| <input type="checkbox"/> Extraction of teeth (<i>mark teeth to be extracted</i>) | <input type="checkbox"/> Dental Implants |
| <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> Sinus Lift |
| <input type="checkbox"/> Oral Lesion | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Facial Lesion | <input type="checkbox"/> Ridge Augmentation |
| <input type="checkbox"/> Incision and Drainage of Abscess | <input type="checkbox"/> Pre-Prosthetic Surgery |
| <input type="checkbox"/> Surgical Exposure of Teeth | <input type="checkbox"/> Reconstructive Surgery |
| <input type="checkbox"/> Expose & Ligation of Teeth | <input type="checkbox"/> Facial Rejuvenation |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Second Opinion | |

OTHER: _____

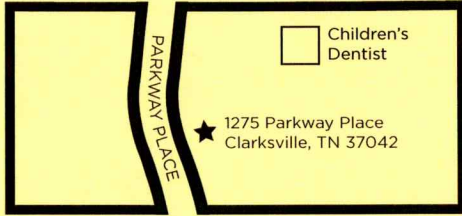
DIAGNOSTIC IMAGING: WITHIN THE LAST 12 MONTHS, IF APPLICABLE.

Please email to: frontdesk@cumberlandsurgicalarts.com

- | | | |
|--|--|---|
| <input type="checkbox"/> Panoramic X-ray | <input type="checkbox"/> Cone Beam CT Scan | <input type="checkbox"/> Intraoral Images |
| <input type="checkbox"/> Mailed _____ date taken | <input type="checkbox"/> Given to Patient _____ date taken | |
| <input type="checkbox"/> Please take Panoramic X-ray | <input type="checkbox"/> Please take Cone Beam CT Scan | |

101ST AIRBORNE DIVISION PKWY.

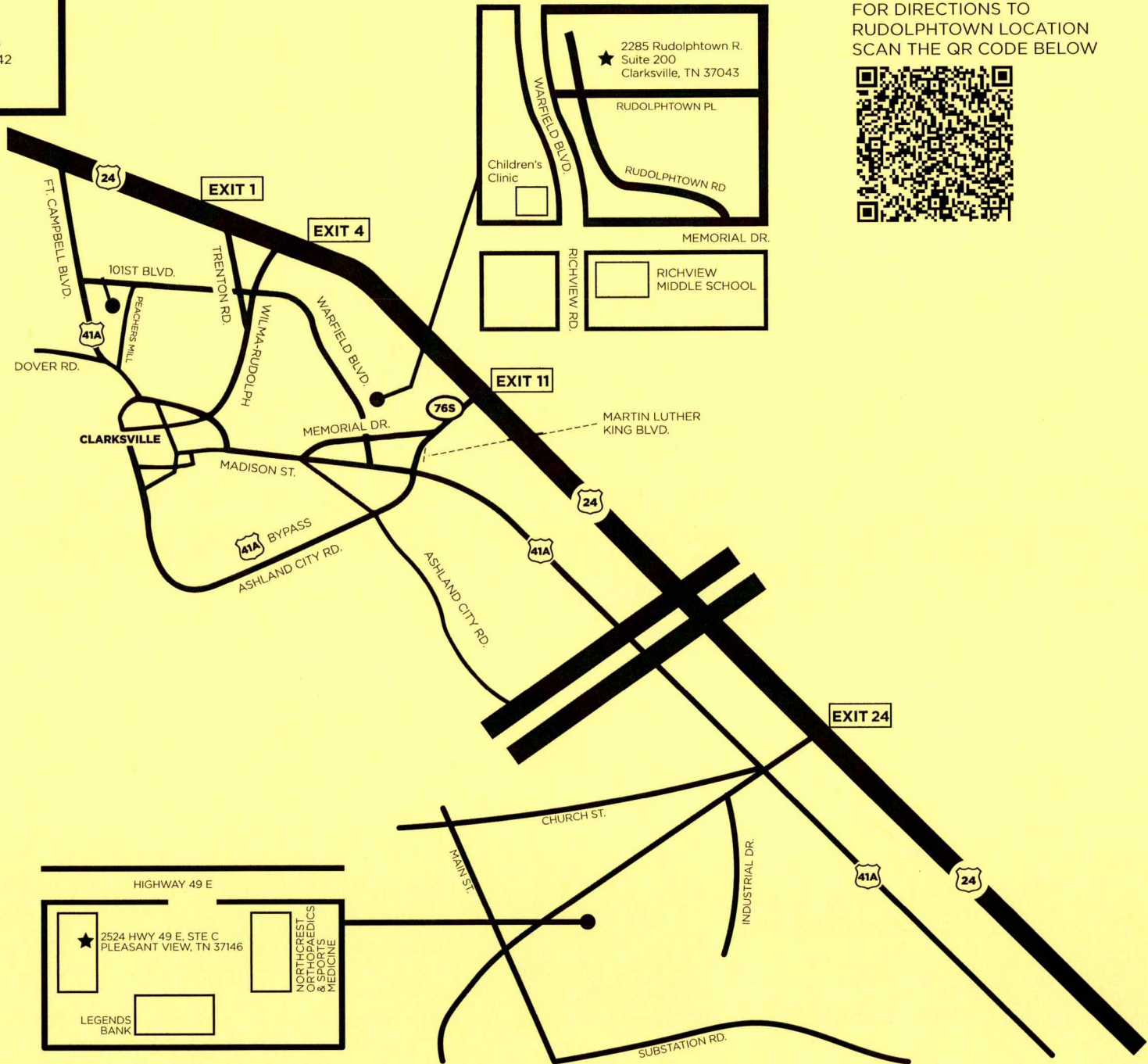
STONECROSSING DR.



FOR DIRECTIONS TO PARKWAY PLACE LOCATION SCAN THE QR CODE BELOW



FOR DIRECTIONS TO PLEASANT VIEW LOCATION SCAN THE QR CODE BELOW



FOR DIRECTIONS TO RUDOLPH TOWN LOCATION SCAN THE QR CODE BELOW

