HUNTSVILLE ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, P.C.

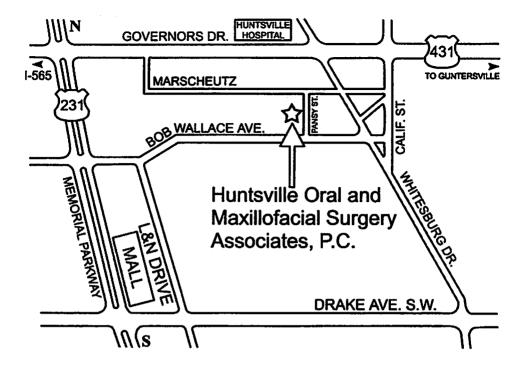




Jim B. Duke, D.M.D.

REFERRAL FOR TREATMENT

Patient Name:		**		 -	
Appt. Date and Tim	ne:				
Routine Consultation:		☐ Extraction ☐ Pathology ☐ TMJ ☐ Implant	☐ Wisdom Teeth		
Emergency Evalua	tion:				
PA X-Ray:	□ Yes □ No	PAN	X-Ray:	□ Yes □ No	
Most insurance cor current pan please			every thr	ree years. If you have a	
Special Requests: Call me Send letter Update progress					
Comments:					
	ss. We enco			We will keep you informed ny concerns about the	
	"There is no	substitute fo	r exper	ience."	
	Hunts 256 25	314 Pansy Str sville, Alabam 5-534-5028 - I 66-534-5073 - huntsvilleo	a 3580 Phone Fax		
Referring Doctor: _					
w	hite Copy - Refe	rring Dentist	Blue Co	opy - Patient	



DIRECTIONS:

From Madison: I-565 E toward Huntsville. Take exit 19A/Memorial Pkwy onto US-231S. Take Governors Dr (AL-53N) exit onto S. Memorial Pkwy (US-431 S). Bear left on Governors Dr. SW (US-431). Turn right on Whitesburg Dr. S. Turn right on Bob Wallace Avenue.

Turn right on Pansy Street.

From Scottsboro: US-72W toward Huntsville. Keep straight onto 1-565 W. Take exit 20 to Andrew Jackson Way. Road name changes to California Street. Turn right onto Bob Wallace Avenue. Turn right onto Pansy Street.

From Guntersville: US-431 N toward Huntsville. Turn left onto California Street. Turn right onto Bob Wallace Avenue. Turn right onto Pansy Street.

- The first visit is a <u>consultation</u> only. We will schedule your surgery appointment on the day of your consultation.
- Please arrive on time for your appointment. This is necessary to complete your paperwork before being seen.
- Please bring all insurance cards or claim forms if no card is available. Also bring a photo ID.
- · We will call one business day ahead to confirm your appointment.
- If you need to cancel or reschedule your appointment, kindly give 48 hours notice.