

# ROY E. GAINES, JR., D.D.S., M.D., P.A.

## Oral and Maxillofacial Surgery

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**Introducing:** \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_

Remarks/instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Procedures/ consultation regarding:

(please indicate below)

- Extractions
- Dental implants
- Oral pathology/ Biopsy
- Infection
- Facial Trauma/ fractures
- Orthognathic surgery
- Expose and Bond
- Alveoloplasty
- Frenectomy
- Apicoectomy
- Bone grafts/ Reconstructive surgery
- Oral nasal/ oral antral fistula
- TMJ surgery
- Other

### Please mark "x" over teeth to be extracted

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

(Deciduous)

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J |
| T | S | R | Q | P | O | N | M | L | K |

### Appointment:

- Patient will call for appointment.
- Patient has an appointment on: \_\_\_\_\_

### X-rays:

- Given to patient
  - Sent via mail
  - New x-rays needed
  - \_\_\_\_\_
- Sent via email  
Request Focused Field 3D scan of area  
\_\_\_\_\_

**Please bring this referral form with you for your consultation appointment.**

*\*Initial appointments are typically scheduled for consultation only in order for the surgeon to assess your medical/dental history, present the recommended surgical treatment plan and review with you the anesthetic options*

*\* On occasion, at the surgeon's discretion, brief or emergent procedures can be performed at the time of consultation*