

Albert S. Baawo, Jr, DMD, PC
Northwest Medical Center, Suite 315
General Dentist

Open on Monday (8:30-5), Tuesday (8:30-5), Wednesday (1-5), Thursday (8:30-5), and Saturday (8:30-12 on the 2nd and 4th Saturday of the Month)

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Atlanta, Georgia 30327
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Introducing _____ Date _____

Referred by _____

Please evaluate for the following:

Abscess Dental Trauma Pain

Extraction of teeth

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A B C D E F G H I J

T S R Q P O N M L K

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Exposure of teeth # _____, with attachment.

Please ✓ request for other consultations below, with a brief description.

Implant evaluations: _____

Pathology evaluation: _____

Other: _____

PATIENTS PLEASE NOTE:

Your appointment is for an exam and treatment. Procedure to be performed will be discussed after the initial exam.