



# capital oral & facial surgery

Nazir Ahmad DDS  
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Board Certified Oral and Maxillofacial Surgeons

**RALEIGH** • 919 322 4500  
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101 Hyannis Dr.

**BURLINGTON** • 336 252 3700  
853 Heather Rd.

**WAKE FOREST** • 919 283 0100  
3150 Rogers Rd. Ste 111

**BLUE RIDGE** • 919 783 9920  
3225 Blue Ridge Rd. Ste 101

**BRIER CREEK** • 919 887 6440  
8851 Ellstree Ln. Ste 116

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

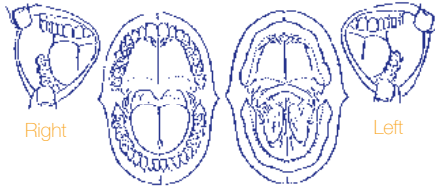
Patient Phone \_\_\_\_\_ DOB \_\_\_\_\_

Practice Name \_\_\_\_\_ Doctor \_\_\_\_\_

Dental Insurance \_\_\_\_\_

Please Mark Teeth or Area to Be Treated

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				
R			T	S	R	Q	P	O	N	M	L	K			L	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



- Wisdom Teeth Removal
- Implant(s) System preferred: \_\_\_\_\_
- Extraction(s)
- Socket Preservation
- Pathology
- Other

Radiographs:  Emailed  None Date of X-ray \_\_\_\_\_

Special Instructions or Comments \_\_\_\_\_

\_\_\_\_\_

Referring Doctor Signature \_\_\_\_\_

## Appointment Information

- Call to appoint
- Patient will call
- Appointment made by referring doctor

Date \_\_\_\_\_ Time \_\_\_\_\_



Proudly doctor owned and locally operated

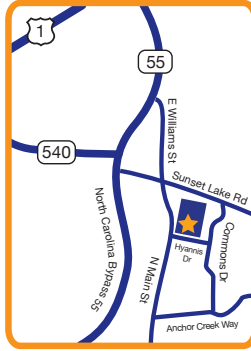
Scan with your smartphone for online registration!

**Registration is required prior to your first visit**



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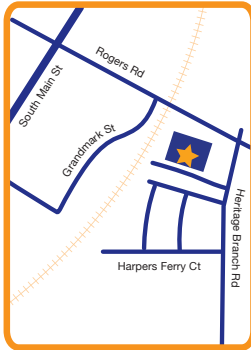
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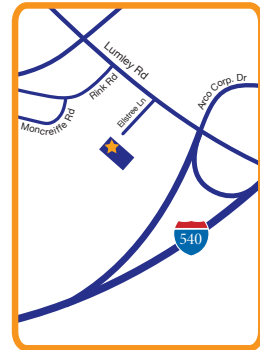
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**Please bring the following to your first visit:**

1. This referral slip
2. A picture ID
3. All xrays
4. Your medication list
5. Medical & dental insurance information
6. Any unmarried patient under 18 years of age must be accompanied by a parent or legal guardian with court appointed paperwork.
7. An interpreter if necessary

Please give 48 hours notice if you are unable to keep this appointment.