



# Southeast Oral Surgery

www.southeastoralsurgery.com

**Timothy P. McConnell, DDS**  
**Otto W. Slater, DDS**  
**T. Randall Napier, DMD**  
**Jason R. Kennedy, DMD**  
**Garren M. Petree, DDS**  
*Diplomates American Board of Oral  
and Maxillofacial Surgeon*

Today's date \_\_\_\_\_

- 1858 Crest Rd. • Maryville, TN 37804 • 865.977.7110 • 977.4132 fax
- 11548 Chapman Hwy. • Seymour, TN 37865 • 865.577.7800 • 934.6989 fax
- 130 Mabry Hood Rd. NW, Ste 105 • Knoxville, TN 37922 • 865.693.4442 • 694.1907 fax
- 7761 Dannaher Dr. • Powell, TN 37849 • 865.947-9800

Introducing \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Regarding \_\_\_\_\_

Implant System \_\_\_\_\_

Appointment \_\_\_\_\_

Radiograph sent by:  Patient  E-mail  Mail

Please Call Me Concerning This Patient

|     |                 |     |     |               |     |    |    |    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |   |   |   |
|-----|-----------------|-----|-----|---------------|-----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|---|
| (R) | Permanent Teeth | (L) | (R) | Primary Teeth | (L) |    |    |    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |   |   |   |
| 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 |
| 32  | 31              | 30  | 29  | 28            | 27  | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | T | S | R | Q | P | O | N | M | L | K |

**Patient registration is available at our website : [www.southeastoralsurgery.com](http://www.southeastoralsurgery.com)**

Patients requiring **GENERAL ANESTHESIA** should have **NOTHING TO EAT OR DRINK FOR A MINIMUM** of six hours prior to their appointment and should **BE ACCOMPANIED BY A RESPONSIBLE ADULT** who can arrange for their transportation.

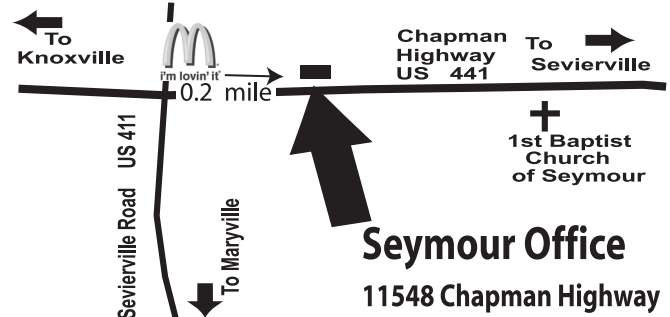
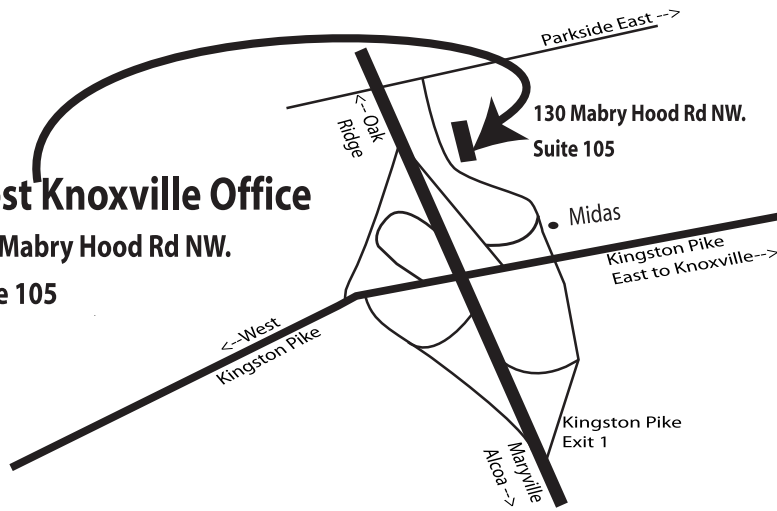
Patients under 18 years of age must be accompanied by a parent or guardian.

Attempts to verify insurance and determine co-pay will be done at the consultation. All fees for professional services are due at the time of treatment unless previous arrangements have been made.

Insurance will be filed as a courtesy. Patients are responsible for charges not covered by their insurance.

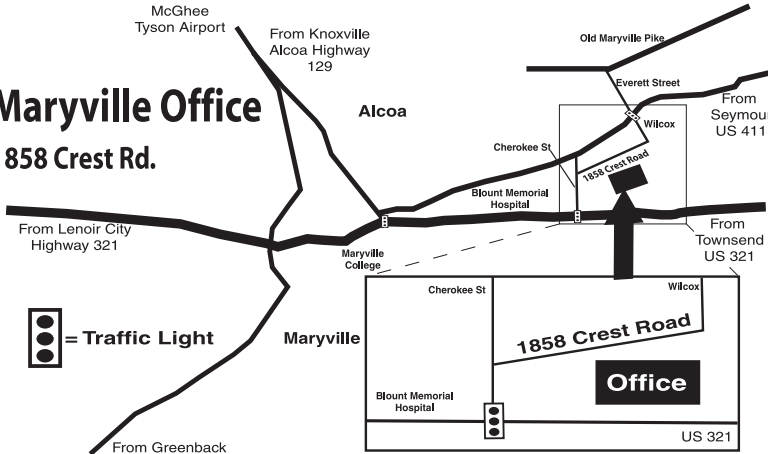
## West Knoxville Office

130 Mabry Hood Rd NW.  
Suite 105



## Maryville Office

1858 Crest Rd.



## Powell Office

7761 Dannaher Dr.

