



# Oral & Maxillofacial Surgical Specialists, P.C.

## *Referral Information*

J. David Johnson, DDS

**Date:**  
**Patient Name:**  
**Referring Doctor:**

**Comments:**

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420 Laboratory Road  
 Oak Rldge, TN 37830  
 (865) 482-1319  
 Fax: (865) 481-3067

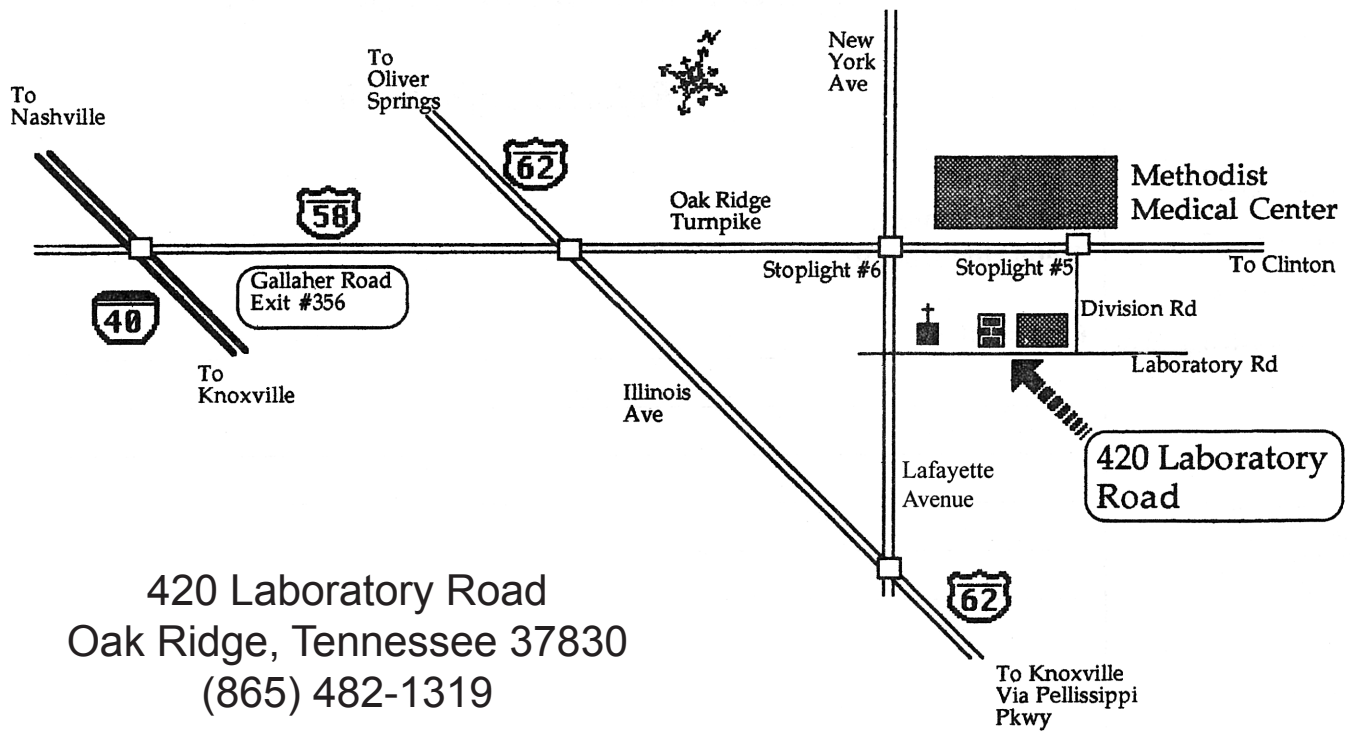
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Deciduous			A	B	C	D	E	F	G	H	I	J	Deciduous		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Deciduous			T	S	R	Q	P	O	N	M	L	K	Deciduous		

**Contact Notes:**

- This patient will be calling OMSS for an appointment.
- This patient's appointment has already been scheduled for:
- OMSS is to call this patient for an appointment using phone number:
- OMSS doctor should call referring doctor to discuss this case.



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