CAROLINAS CENTER FOR
Oral & Facial Surgery

To save time, please complete our online patient registration form at mycenters.com prior to your appointment.

Patient Name: ______________________ DOB: __________ Date: __________

Patient Email: ______________________ Patient Phone: __________

Referred by Dr. ______________________ Phone Number: __________

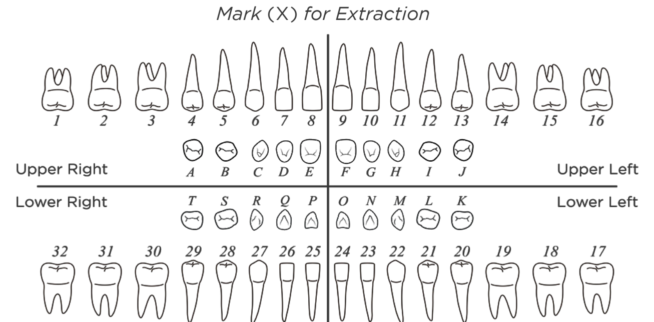
Practice Name: ______________________

Oral Surgery

- ☐ Wisdom Teeth Evaluation #s: __________
- ☐ Tooth Extraction(s) #s: __________
- ☐ Pathology Evaluation/Biopsy __________
- ☐ Other __________

Additional Comments: __________

Mark (X) for Extraction



Dental Implants

Patient Assessment: __________

Other Concern(s): __________

- ☐ Tissue Former
- ☐ Immediate Provisional #s: __________
- ☐ Digital Scan Requested
- ☐ Preferred Lab: __________

TMD & Orofacial Pain Treatment Planning

Please evaluate for possible:

- ☐ Myofascial Pain
- ☐ Joint Noises
- ☐ Abnormal X-ray Findings
- ☐ Neuralgia
- ☐ Neuropathy
- ☐ Joint Pain/Pain on Function
- ☐ Closed Lock/Limited Mouth Opening
- ☐ Open Lock
- ☐ Headaches/Ear Pain

Additional Comments: __________

☐ **Urgent**

Orthognathic & Treatment Planning

- ☐ Maxillary Surgery
- ☐ Mandibular Surgery
- ☐ Chin Surgery

Additional Comments: __________

X-ray(s) taken on date __________

- ☐ Submitted through mycenters.com
- ☐ Mailed to Office
- ☐ Please Take X-ray
- ☐ Emailed to Specific Office Location
- ☐ Given to Patient
- ☐ None Available

Additional Comments: ____________________

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Please select a location and doctor:

☐ **ANDERSON**
104 Montgomery Dr
Anderson, SC 29621
P: (864) 226-8559
E: Anderson@mycenters.com
☐ William S. Dunlap Jr, DMD

☐ **CHERRYDALE**
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Greenville, SC 29609
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E: Cherrydale@mycenters.com
☐ Danielle G. Gill, DMD

☐ **COLUMBIA - SALUDA RIDGE CT**
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West Columbia, SC 29169
P: (803) 796-5791
E: ColumbiaSaluda@mycenters.com
☐ I. E. Davis, III, DMD
☐ Charles M. Miyaji, DMD
☐ Edward M. Wise, Jr, DMD

☐ **COLUMBIA - SUNSET BLVD**
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E: Columbia@mycenters.com
☐ Matthew H. Pham, DMD, MD
☐ Jennifer Van Hook, DMD
☐ TJ Robbins, DMD
OROFACIAL PAIN SPECIALIST

☐ **EASTSIDE**
4103 E North St
Greenville, SC 29615
P: (864) 268-6417
E: Eastside@mycenters.com
☐ James B. Tankersley, Jr., DMD
☐ Ashley C. Tankersley, DMD

☐ **GREENWOOD**
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☐ Mary Charles B. Haigler, DMD, MS
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☐ **LEXINGTON**
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☐ Edward M. Wise, Jr, DMD

☐ **ROCK HILL**
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Rock Hill, SC 29732
P: (803) 207-8318
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☐ John H. Wessel, DMD, MD
☐ TJ Robbins, DMD
OROFACIAL PAIN SPECIALIST

☐ **SENECA/LAKE KEOWEE**
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Seneca, SC 29678
P: (864) 482-7500
E: EnvisionGVL@mycenters.com
☐ Craig A. Horton, DMD, MS
PROSTHODONTIST—DENTAL IMPLANTS & FULL-ARCH RESTORATION

☐ **SIMPSONVILLE**
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Simpsonville, SC 29681
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E: Simpsonville@mycenters.com
☐ Sanjay Bhatt, DDS, MD
☐ Brannon G. Myrick, DMD, MD

☐ **SPARTANBURG - EASTSIDE**
1325 Drayton Rd
Spartanburg, SC 29307
P: (864) 591-3500
E: SpartanburgEastside@mycenters.com
☐ C. Keith Cox, DDS

☐ **SPARTANBURG - WESTSIDE**
115 Powell Mill Rd
Spartanburg, SC 29301
P: (864) 574-2011
E: SpartanburgWestside@mycenters.com
☐ Adam R. Blumer, III, DMD

☐ **VERDAE**
280 Rocky Slope Rd
Greenville, SC 29607
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☐ Sanjay Bhatt, DDS, MD
☐ Brannon G. Myrick, DMD, MD
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☐ Waheed V. Mohamed, DDS, MD
COSMETIC SURGEON
☐ Craig A. Horton, DMD, MS
PROSTHODONTIST—DENTAL IMPLANTS & FULL-ARCH RESTORATION

I certify that I am a provider or representative of a practice and all information provided is valid: ____________________