



1867 Jonesboro Rd., Ste. 8 • McDonough, GA 30253

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www.McDonoughSpecialist.com

Date: _____

This is to introduce you to my patient,

For: Consultation Treatment

Comments:

Referring Doctor: _____ Phone #: _____

Please Evaluate:

			a	b	c	d	e		f	g	h	i	j						
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		
				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					

Instructions for IV Sedation Patients:

- 1) Nothing to eat or drink for 8 hours prior to surgery.
- 2) Bring someone to stay in the office during your surgery.
- 3) Patients under 18 years of age must be accompanied by a parent or legal guardian.
- 4) Patients are advised to wear loose fitting sleeves.
- 5) Please bring this referral sheet and any x-rays with you to our office.

Reason for Referral:

- Consultation
 - Root Canal Therapy
 - Surgical Evaluation
 - Other: _____
- _____
