McDonough
Specialty Center

1867 Jonesboro Rd., Ste. 8 • McDonough, GA 30253
Tel: 678-432-3971 • Fax: 404-393-1154
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: _____

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