MCDONOUGH PEDIATRIC
and
ORTHODONTIC DENTISTRY

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 ☐ Treatment Plan Included

Comments:

_____

_____

_____

_____

Referring Doctor: _____ Phone #: _____

☐ Extraction/Surgical Removal

				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				

Pediatric Dentistry

☐ Sedation ☐ Treatment Attempted
☐ Recall Appointment Scheduled Date: _____

Orthodontics

☐ Adult Braces ☐ Invisalign
☐ Comprehensive Braces
☐ Interceptive Braces