



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 #: _____

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						

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.

Please Evaluate & Treat:

- Dental Implants
 - Infections
 - Pathology
 - Corrective Jaw Surgery
 - Dental Alveolar Surgery
 - Expose & Bracket
 - Cosmetic Surgery
 - Apicoectomy
 - Pre-Prosthetic Surgery
 - Other: _____
- _____
