



# GEORGIA DENTAL MEDICINE

**Christopher M. Anderson, DMD**

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Marietta, GA 30068

Phone: 770-973-6494 FAX: 770-973-6544

[GeorgiaDentalMedicine.com](http://GeorgiaDentalMedicine.com)

Referral Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Doc's Phone#: \_\_\_\_\_

Introducing Patient: \_\_\_\_\_

Patients Phone#: \_\_\_\_\_

Remarks and/or Special Instructions:

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**Check one or more referral reasons:**

**TMJ (Temporomandibular Joint) Evaluation**

**Restorative Evaluation**

**Implant Evaluation**

**Sleep Apnea Evaluation**

**Occlusal Evaluation**

**CBCT Scan Referral**

**Give us a call to make your appointment – See more on the flip side of this page.**

## Georgia Dental Medicine

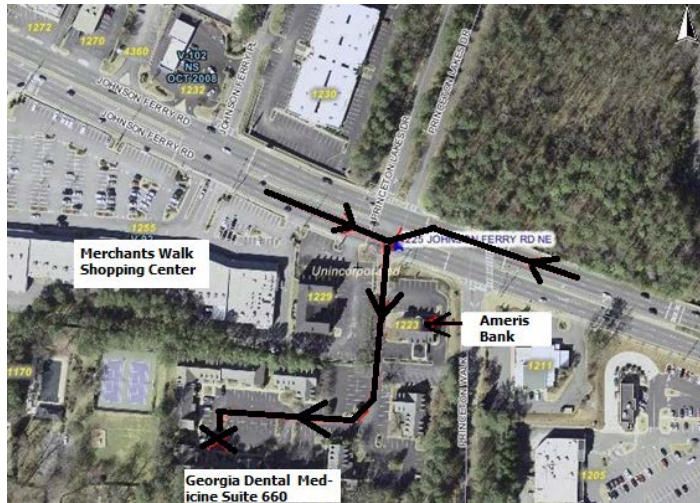
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Dr Chris Anderson

### Instructions for New Patients:

You have been referred to our office for one of 6 or more specialized treatments that we offer. You might want to take a few minutes and look at our website: <https://GeorgiaDentalMedicine.com> and especially Patient Reviews (<https://georgiadentalmedicine.com/reviews/>).

Please have the following available for your visit:

- This referral slip.
- Any x-rays or CT Scans that are applicable (in digital form). It would be best to have them emailed to [office@dmdga.com](mailto:office@dmdga.com) a few days before your appointment.
- Patient Registration forms - Request that your registration forms be sent to you as a secure link by text message or go to [GeorgiaDentalMedicine.com](http://GeorgiaDentalMedicine.com) and complete the applicable forms ahead of time and bring them with you (or arrive 15 minutes early for your appointment). For TMJ patients please complete those forms also.
- Patients under 18 must have an accompanying parent or guardian at first visit.
- If you have any questions, give us a call at 770-973-6494.