



GEORGIA DENTAL MEDICINE

Christopher M. Anderson, DMD

1225 Johnson Ferry Road, Suite 660

Marietta, GA 30068

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

GeorgiaDentalMedicine.com

Referral Date: _____

Referring Doctor: _____

Referring Doc's Phone#: _____

Introducing Patient: _____

Patients Phone#: _____

Remarks and/or Special Instructions:

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, LLC

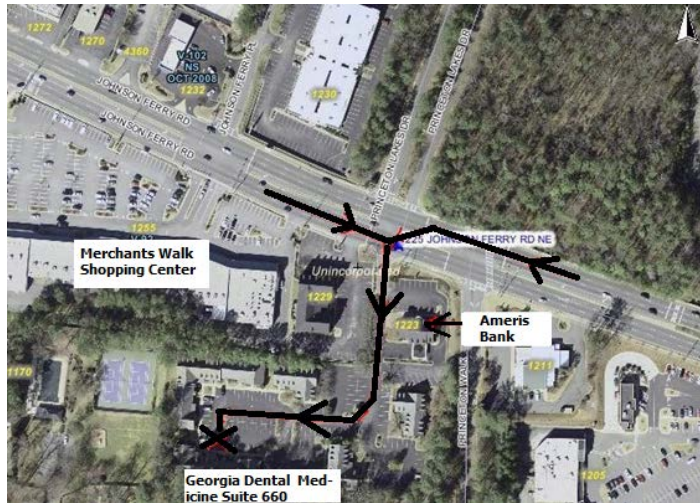
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Dr Chris Anderson

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 admin@GeorgiaDentalMedicine.com a few days before your appointment.
- Go to <https://georgiadentalmedicine.com/for-patients/patient-forms/> 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.