GEORGIA
Orthodontics &
Children's Dentistry

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fax: 404-469-0324

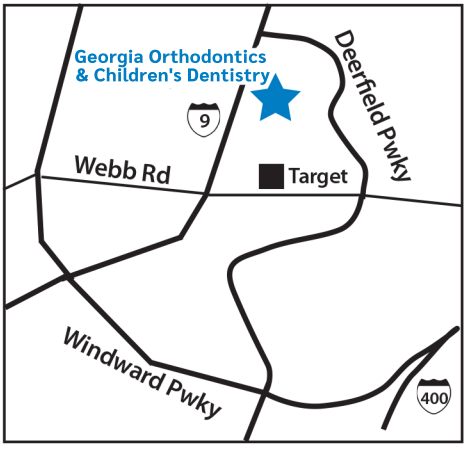
Date_____

Patient_____

Referrer_____

Justin Chong, DMD
Pediatric Dentist

- ☐ 1st Dental Visit by Age 1
- ☐ Comprehensive Exam/Cleaning
- ☐ Dental Caries
- ☐ Emergency/Trauma/Toothache
- ☐ Extractions - Tooth #_____
- ☐ Behavior Management/ Sedation/Anesthesia
- ☐ Special Needs/Extensive Medical History
- ☐ Radiographs ( ) sent with patient ( ) please take as needed



Jay V. Patel, DMD MS
Orthodontist

- ☐ General Orthdontic Evaluation
- ☐ Habit Correction Treatment
- ☐ Facial Growth Disorder
- ☐ Early Interceptive Treatment
- ☐ Restorative/ Prosthetic Concerns
- ☐ Orthognathic Surgical Evaluation
- ☐ Minor Tooth Movement
- ☐ Dental Crowding
- ☐ Openbite
- ☐ Overjet
- ☐ Impacted Teeth
- ☐ Dental Spacing
- ☐ Crossbite
- ☐ Ectopic Eruption
- ☐ Overbite
- ☐ Invisalign Treatment
- ☐ Missing Teeth
- ☐ Other_____

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☐ Comments_____

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