



Reynaldo T. Reese, DMD  
Oral & Maxillofacial Surgery

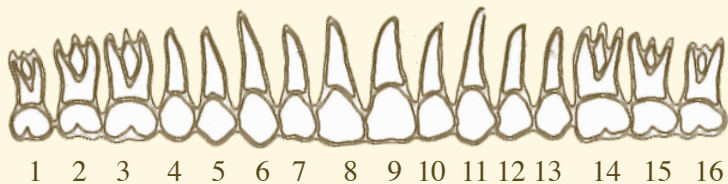
DENTAL  
SPECIALISTS, PC

4020 Chapel Hill Rd, Suite 101 • o: 770.949.2400  
Douglasville, GA 30135 • f: 770.949.2244

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

Referred by Dr: \_\_\_\_\_ Referring Office Number: \_\_\_\_\_ Referral Date: \_\_\_\_\_

TO ALL PATIENTS:



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



- Please call us at 770.949.2400 to schedule your appointment.
- All patients under 18 years of age must be accompanied by parent or legal guardian.
- Please bring this referral and any current x-rays to your appointment.
- Please bring a list of all medications that you are currently taking.
- Treatment fees are quoted AFTER review of x-rays and consultation /examination.
- Please bring medical and dental insurance information if you would like for us to assist you in billing your insurance company.

Consult/Treatment:

- Wisdom Teeth
- Extractions
- Dental Implants
- Bone Grafting/Reconstruction
- Pathology
- Exposure of Impacted Tooth
- Other \_\_\_\_\_

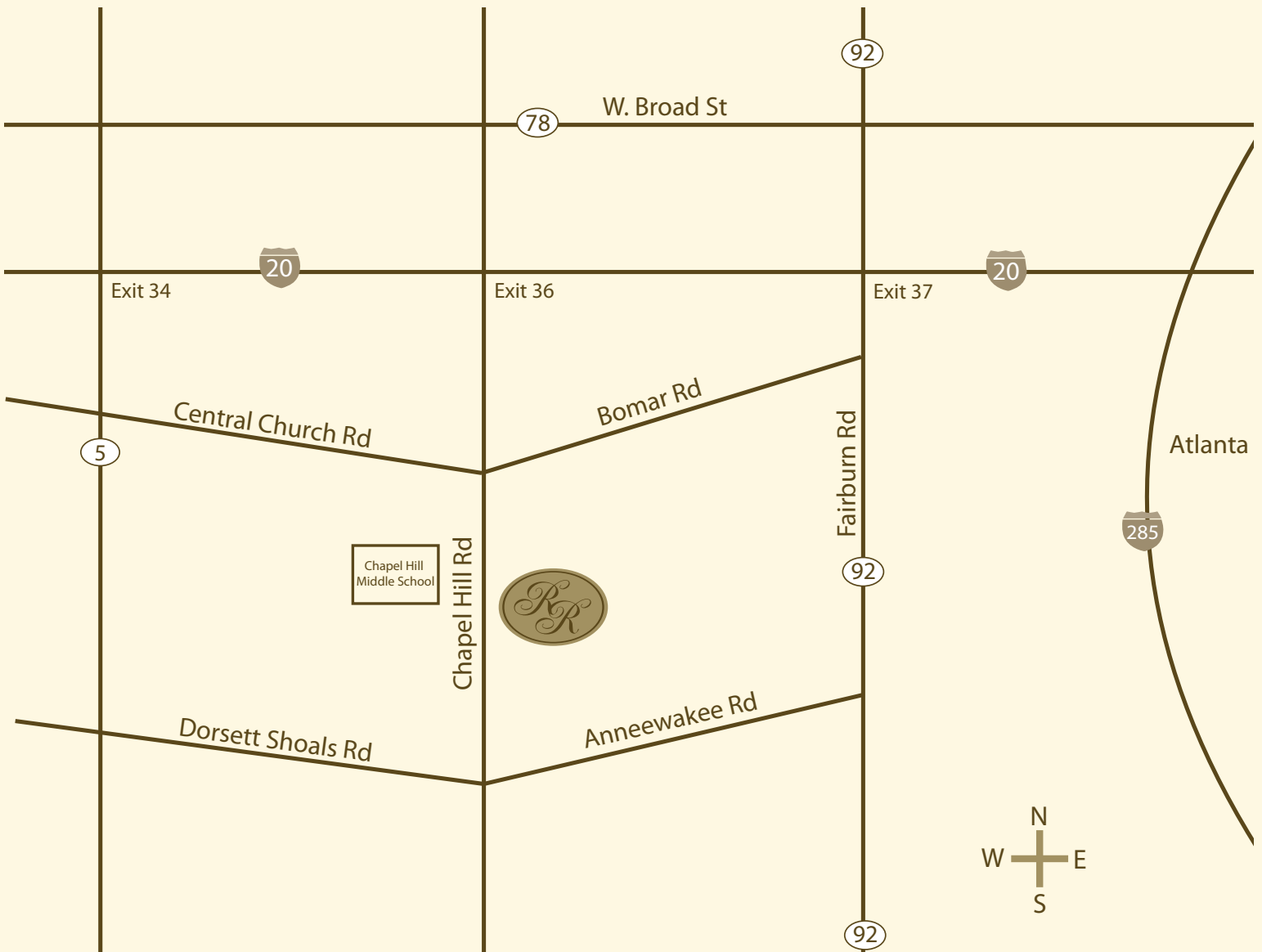
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PATIENTS RECEIVING GENERAL ANESTHESIA:

- PLEASE NO FOOD OR DRINK (INCLUDING WATER, COFFEE, TEA, SODA) WITHIN 6 HOURS OF APPOINTMENT. Routine medication can be taken with a sip of water, unless otherwise instructed by physician. Alcohol should be avoided the night before surgery.
- Please wear loose fitting clothing. Sleeves should be able to be easily drawn above elbow. Please do not wear contact lenses, jewelry or nail polish.
- A responsible adult must accompany you to your appointment. They must remain present and be able to drive you home.



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