



# Endodontics of Atlanta

www.endoatl.com

## DECATUR

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### Jeffrey K. Waters

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### Carlos Griswold

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## MIDTOWN

1375 PEACHTREE STREET, NE • SUITE A-19 • ATLANTA, GA 30309  
P) 470.260.4700 • F) 404.665.9878

### Young Joon Byun

DMD  
drbyun@endoatl.com

Introducing \_\_\_\_\_

Referred by Doctor \_\_\_\_\_

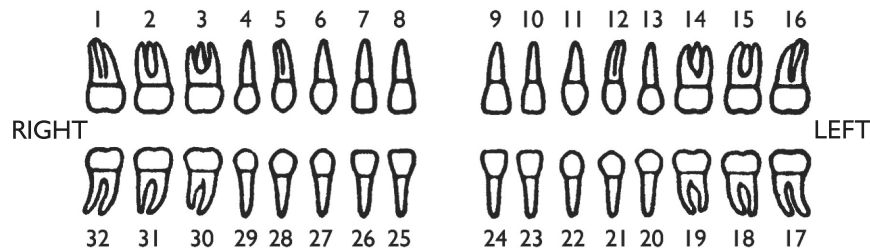
Date Referred \_\_\_\_\_

Referring doctor phone number \_\_\_\_\_

Referring doctor email \_\_\_\_\_

Please email a copy of x-ray & images to: [frontdesk@endoatl.com](mailto:frontdesk@endoatl.com)

### Please Circle Teeth to be Treated



#### Referral Request:

- Root Canal/Consult & treat as necessary
- Consult Only
- Fracture suspected, please evaluate
- Endodontic treatment necessary to Restore
- Endodontic Retreatment
- Endodontic Surgery/Apicoectomy

#### Requested Coronal Restoration:

- Bonded Resin
- Amalgam
- Post and Core
- Post Prep
- Temporary
- Temporary with Post Space

#### Existing Restoration:

- Composite /Amalgam
- Temporary Crown
- Permanent Crown:
- To be maintained?
- Yes  No
- Uncertain/Please Evaluate
- Permanent Crown Planned

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

Comments \_\_\_\_\_

Patients can log onto our secure website and conveniently complete Patient Registration, Medical History and Pain History online prior to the appointment. Please contact our office for an ID and Password.

### Bring to your Appointment

1. This Referral Slip
  2. List of all Medications you are taking
  3. Insurance Card or Insurance ID# and Group#
- Please alert our office if you are taking blood thinners, premedications or any pertinent medical condition you may have.

### Please Note

- All Fees and Co-pays are due the day of your appointment.
- Broken Appointment Fee = \$75 for cancellations less than 24 hours before appointment.
- A Parent or Guardian must accompany any patient under the Age of 18.