

Michael Everson D.D.S, M.S. "Your Neighborhood Orthodontist"

| Introducing: | |
|---|---------------------------------------|
| Appointment Date: | |
| This patient is being referred for evaluation of the following: | |
| General orthodontic | Cross-Bite/Functional Shift |
| evaluation | Open Bite |
| Dentofacial orthopedics | Overjet |
| Invisalign® | Overbite |
| Crowding | Orthognathic surgery |
| Spacing | Pre-prosthetic/implant site |
| Early interceptive treatment | development |
| Comments: | |
| Referring Doctor: | Phone |
| Complimentary Consultation | Saturdays and evening hours available |

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