



DENTAL SPECIALISTS, PC

Valerie P. Reese, DMD
Pediatric Dentistry For Ages 1-21

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Introducing Patient: _____ DOB: _____

Referred by Dr: _____ Referring Office Number: _____

Referral Date: _____



- Please evaluate / treat as indicated.
- Please provide comprehensive examination and treatment.
- Please call Dr. _____ to discuss treatment of our patient.
- Remarks: _____

Patient Instructions:

- Please call our office at 770.949.2400 to schedule your appointment. The referring office may schedule for you.
- Please bring this referral and any current dental x-rays you may have to your appointment.



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