



Dental Implant &  
Aesthetic Specialists

## PATIENT REFERRAL

Introducing: \_\_\_\_\_

Your Referral is with: (Please check one)  Brett Langston, D.M.D.  Rachel Miro, D.D.S

Appointment Date and Time: \_\_\_\_\_

Please call (404) 321-4588 to schedule your patient's appointment.

Patient's Phone: \_\_\_\_\_ Patient's Email: \_\_\_\_\_

Referred for:  Full Prosthetic Evaluation  Implant Evaluation  
 Crowns  Bridges  
 Dentures  Partials  
 Cosmetic Evaluations  Endodontic Treatment  
 Other  Sedation Dentistry

Radiographs:  Emailed  Sent with Patient  
 No X-Rays Available  Please take

Remarks or Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Please call me before proceeding with treatment.  I have sent radiographs for your evaluation.

Referring Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Dr. Phone Number: \_\_\_\_\_



Find us online at [DrBrettLangston.com](http://DrBrettLangston.com)



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