



ATLANTA
PERIODONTAL
GROUP

1640 Phoenix Boulevard
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AtlantaPerioGroup.com

Date: _____

Patient: _____

Referred by: _____

- Patient will contact you to schedule an appointment
- Please contact patient to schedule an appointment

Consultation regarding: _____

- Please call Doctor after consultation
- Please take X-rays, send a set
- Complete set of X-rays sent
- Email X-rays to *barnesperio@gmail.com*

Doctors, please fax to 770.996.4433 before giving to your patient.

Best Regards,

Marya J. Barnes, DMD