

Michael J. Mahaffey, DMD, MS Eric R. Linkous, DDS, MDS

Specialists in Orthodontics for Children and Adults 268 S. Peachtree Parkway Peachtree City, GA 30269

Phone: 770-487-6439 • Fax: 770-487-7539 www.peachtreecitybraces.com

	ORTH	IODONTIC REF	ERRAL		
Introducing Contact Number Email				☐ Child/Teen, Age —	
AREAS OF CONCERN (Circle one or more.)					
Crowding/Sរុ	pacing	Airway	Overjet	Overbite	
Open bite	Habit	Impacted	tooth	Missing tooth	
Crossbite	TMD	Molar uprighting	Spa	ce maintenance	
Functional malocclusion		Skeletal dis	crepancy	Invisalign	
Parent/Patie	ent desires co	onsultation	Pre-pro	sthetic planning	
Other/Detail	s				
		mic 🖵 FMX 🖵 CBCT	☐ Availab	le, dated o Parent/Patient	
			_ DATE _		
Please ca	all me regardin	g this patient.			



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DIRECTIONS TO OUR OFFICE

