



*Saving the world, one crooked tooth at a time*

**Dr. David Lofters DDS**  
Orthodontic Specialist

Call Dr. Lofters' Office at (404) 263-0390 to schedule your FREE orthodontic consultation

Referring Dentist \_\_\_\_\_ Referral Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name (if applicable) \_\_\_\_\_

**Referral Concerns**

- ☐ General orthodontic examination
- ☐ Pre-prosthetic orthodontics
- ☐ Specific concern(s) \_\_\_\_\_
- \_\_\_\_\_

**Patient's Current Preventative, Restorative & Periodontal Health**

- ☐ In good dental health
- ☐ Patient requires \_\_\_\_\_
- ☐ Please call me before proceeding with treatment

**Smile Envy**  
Vinings Jubilee  
4300 Paces Ferry Rd. Suite 333  
Second Floor  
Atlanta, GA 30339



**PLEASE HAVE THE PATIENT BRING THIS REFERRAL  
TO THE CONSULTATION APPOINTMENT**



[www.SmileEnvyDental.com](http://www.SmileEnvyDental.com)