

Parents/ Guardians: Please call and verify that the location of your preference accepts your insurance prior to scheduling an appointment. If none of the suggested resources meet your needs, you can also contact your insurance company or search www.zocdoc.com for more recommendations. After you have made your selection, please call our office at 770-957-8626 to let us know which location you choose so that we may send your referral prior to your appointment. Please allow our office 5 business days to complete referrals.

Dentist

 Kids Tooth Zone LLC (All Ages) 907 Pavilion Court McDonough, GA 30253 	678-272-6195
 Smile Creators (3 YO & up) {No Medicaids} 378 Jonesboro Road #6 McDonough, GA 30253 	770-898-9191
 McDonough Center for Family Dentistry (5 YO & up) 1867 Jonesboro Road {No Medicaids} Forest Park, GA 30297 	678-432-0209
 Bhat Dental Associates (5 YO & up) {No Medicaids} 590 Eagles Landing Parkway Stockbridge, GA 30281 	678-289-2122
o 316 W 3 rd Street	770-775-0088
Jackson, GA 30233 o 2714 Highway 155 S Locust grove, GA 30248	678-263-3132
 Arch Dent Dental Clinic (13 YO & up) {No Medicaids} 1540 Pennsylvania Avenue McDonough, GA 30253 	770-320-8792
• Dentistry for Children {Accepts All MEDICAID }	770-758-7962
 Patel & Womble Orthodontics 420 McDonough Parkway McDonough, GA 30253 	770-914-2808
~Orthodontics ONLY~	

REFERRAL PROCEDURES & RULES:

^{*} All Referrals MUST be from a McDonough Pediatrics physician. * Our office needs to be notified 5 business days in advance and include: DATE, TIME and NAME OF SPECIALIST. Failure to provide all necessary information may result in delay of processing the request. *Each specialist office has their own rules/guidelines, it is your responsibility to be aware of these policies and to follow them accordingly. * Cancellations and/or rescheduling of appointments is your responsibility. Our office works very closely with these specialists and their offices, to ensure that we get appointments for our patients on an ASAP or first available / work-in basis. We do not want to jeopardize this relationship by referring those patients who do not follow their policies. * In the event that your referral expires prior to your scheduled appointment date, please notify our office immediately so we can update the referral as needed.

^{**}On URGENT / SAME DAY/ NEXT DAY appointments, please notify our office ASAP so they can be processed immediately. **