

Waldron Dentistry

Dr. J. Blair Waldron, Dr. Jonathan C. Waldron, and Dr. Edward R. Schlissel

Donation Request Form

Contribution of Dental Treatment

- Please use this form if you are requesting dental treatment for an individual or family requesting free or reduced-fee dentistry.
- Include as much information as possible and attach additional documents.
- When complete, submit this form by mail or fax to:

Kari Roybal, Office Manager
Waldron Dentistry
3020 Roswell Road
Suite 100
Marietta, Georgia 30062
Fax (770) 509-2326

Individual or organization making request:

Name

Phone number

Email address

Individual for whom request is being made:

Name

Address

Phone number

Description of dental need: *(Please attach additional documents if needed)*

Reason for request: *(You may attach additional documents if necessary)*
