



JAY LANG D.D.S., M.S.
T.J. DAWS D.D.S.
LINDSEY LALONDE, D.D.S., M.S.

51745 Van Dyke
Shelby Township, MI 48316
(586) 739-3636 (Endo)
www.orchardendodontics.com

DR. JAY LANG

Dr. Jay Lang and his wife, Michelle, have two daughters, Emerson and Avery, and one son, Jackson. They have a very energetic Weimaraner, Murphy, that he would be happy to give to anyone who is interested. Jay is a huge MSU sports fan, and in the fall, you will find him tailgating. He loves boating, skiing, and supporting his kids in their sports and other endeavors.

I am so fortunate to work with the amazing people at Orchard Endodontics—we are more like family than co-workers.

DR. TIMOTHY DAWS

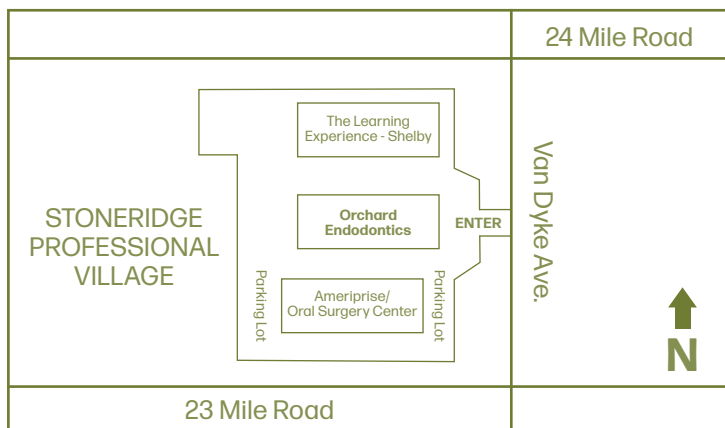
Dr. TJ Daws was born in Royal Oak, and grew up in Troy. He lives in Rochester with his wife, Nina, and their son, Leo. They love the state of Michigan and the unique activities that come with the changing seasons. TJ and Nina are welcoming a baby girl into their family this October.

I am grateful to practice with Dr. Lang and Dr. LaLonde at Orchard Endodontics, as we are truly in lock-step when it comes to patient care and office culture.

DR. LINDSEY LALONDE

Dr. Lindsey LaLonde and his amazing wife, Kate, are the proud parents of four healthy and energetic boys (despite their efforts for a girl). Lindsey and his sleep deprived wife and boys live in Shelby Township, along with their cute, but dimwitted dog, Max.

We are excited for this opportunity to deliver high-quality, compassionate care with Dr. Lang, Dr. Daws, and their wonderful team at Orchard Endodontics.



We are located at the traffic light halfway between 23 and 24 Mile Roads on Van Dyke Avenue in the Stoneridge Professional Village.



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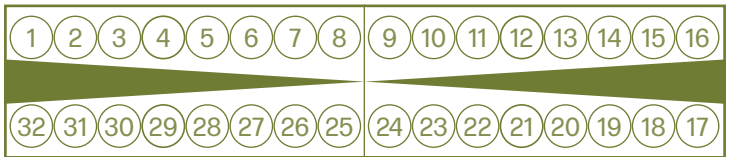
Patient Name: _____

Date: _____

Referring Doctor: _____

Referring Doctor Phone Number: _____

Email: _____



Comments: _____

Referral Requests:

- Consultation only
- Consultation and treat as necessary
- Evaluate for retreatment
- Evaluate for endodontic surgery
- Root canal is necessary for restorative reasons
- CBCT only

Restorative Comments:

- Please leave post-space
- Place permanent restoration, if appropriate
- Crown is planned for replacement
- Existing restoration (circle):

Permanent Permanent w/temp cement Temporary

Permanent crown to be places (date): _____

If referral is necessary, please send to:

O.S. _____

Perio: _____