



# Pediatric Dentistry

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*Everyone Smiles in the Same Language*

## We Appreciate the Confidence of Your Referral

**Introducing:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

*Who is being referred for*

- Diagnosis and treatment, or
- Consultation

**Please consider the following:**

- Behavior management
  - Complex restorative procedures
  - Comprehensive preventive treatment, sealants
  - Emergency treatment/Facial injuries
  - Hospital dentistry/In office sedation
  - Pulpal therapy
  - Space maintainer(s)
  - XRays enclosed? Date of last xrays: \_\_\_\_\_
  - Remarks: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Referred By:**

Doctor: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**PediatricDentistryMN.com**

**Stillwater** 651-439-5640 Fax: 651-439-9739 referrals.stw@pediatricdentistrymn.com

**Woodbury** 651-702-1462 Fax: 651-702-3828 referrals.wdby@pediatricdentistrymn.com

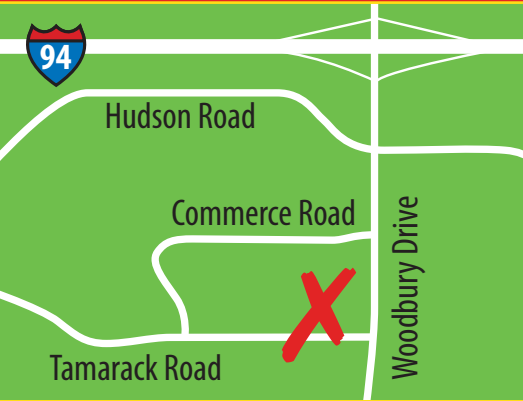
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**651-439-5640**

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