

PEDIATRIC DENTISTRY REFERRAL FORM

Dentist Name : DR. NESTOR D'ALESSANDRIA Email : PediatricDentalLand@aol.com									Phone Number: 954-414-8018 FAX: 954-507-6805									
Address					-		#210	Plant		-			000					
Patient Name:									Patient Age:									
Referring Doctor: Parent Name:									Phone Number:									
									Parent Phone:									
Referred	for (check	all th	nat ap	ply):													
Space Maintainers							Hospital Dentistry						Oral Conscious Sedation					
Restorative Procedures						High Anxiety							Pediatric Dental Home					
🛛 Pedia	tric Sı	urgeŋ	/ (e.g	., Frei	necto	my, Fi	berot	tomies	s, Exti	ractio	ns)							
🛛 Othei	:																	
Teeth to																		
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	32	31	30	29	28	27	26	8 25	24	23	22	21	20	19	18	17	L	
		D		А	в	С	D	Е	F	G	н	ſ	J					
	R			Т	s	R	Q	Ρ	0	Ν	М	L	к	L				
Verify Te	eth t	o be t	reate	d:														
Remarks																		

Doctor's Signature

Date

Confidentiality Notice: Health care information is confidential; federal and state law prohibits disclosure without patient consent. The information contained in this form may be confidential, proprietary and/or legally privileged information intended only for the use of the individual or entity named above. If the reader of this document is not the intended recipient, you are here by notified that any copying, dissemination or distribution of confidential, proprietary or privileged information is strictly prohibited. If you have received this document in error, please immediately notify the sender and destroy all information received.



INSTRUCTIONS Complete and sign the referral form. Then send to the doctor via one of the following options.

1. **Email**: Fill out the form. Print. • Scan the completed form and save as a JPEG or PDF file. • Open your email client and attach the saved (scanned) document. • Send to the Office Email

2. **FAX**: Print the form. Then, Fax it to the doctor's office (fax number on page 1 of this form or on the DSI website).

4. **In Person**: Print the form. Give to the patient to deliver to the doctor's office. Make sure parent calls to book an appointment.