Hospital Pediatric Dentist

Our Speciality – Sleep Dentistry for Kids

Office Phone & Fax : 832-464-7172
info@hospitalpediatricdentist.com
www.hospitalpediatricdentist.com

Patient Referral Form

Referring Dentist Information

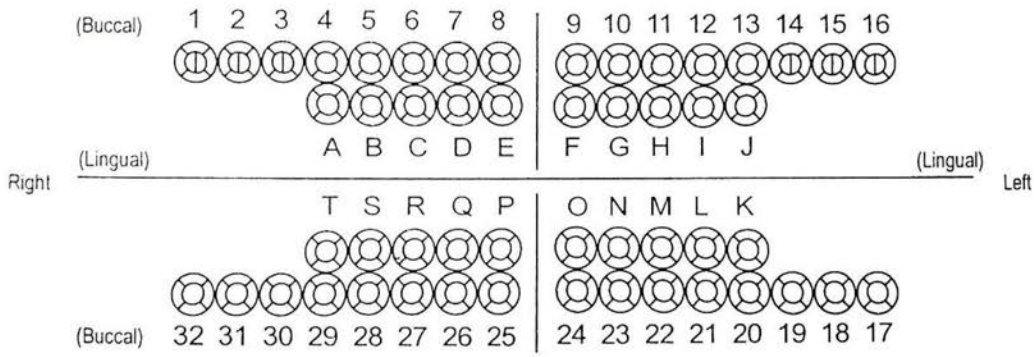
Referred by:_____ DDS, DMD, MD or Staff (Please circle One)

Office Name : _____ Telephone: _____

Patient Information

Name: _____ Date of Birth : _____

Telephone # 1 : _____ Telephone #2 _____



Treatment Requirement

- ☐ 1-2 Teeth OR 1 Sextents
- ☐ 3- 4 Teeth OR 2-3 Sextants
- ☐ 5- 8 Teeth OR 4 Sextents
- ☐ 9 or More teeth or 5-6 Sextants

Reason for Referral

- ☐ Patient unable to tolerate dental treatment due to young age or emotional maturity.
- ☐ Patient failed conscious sedation.
- ☐ Patient requires longer procedure than patient can tolerate without sedation.
- ☐ Patient has a medical condition that requires supervision
- ☐ Other _____

Doctor/Staff Signature: _____

Woodland
Happy Sapiens Dental
26219 Interstate 45 N,
The Woodlands, TX 77380

NW Houston
Dental Clinics of Texas
17440 FM 529, Ste 100,
NW Houston, TX 77095

Sugarland - First Colony Mall
(Next to JC Penney & Across from Forever21)
16535 SW Freeway, Ste #570
Sugarland, TX 77479

When complete, please fax to 832-464-7172