

# UPTOWN PEDIATRIC DENTISTRY

Denise Bass Allen, D.D.S.

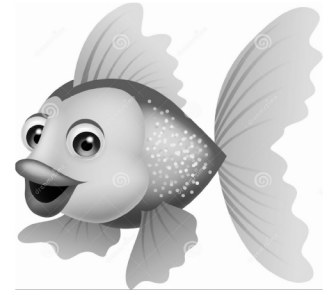
Susanna Cheng, D.D.S. / Eric D. Smith, D.D.S. / Niekia Franklin, D.D.S., M.S.D.

Phone: 510-763-2022 - Fax: 510-251-2624

2100 Broadway Oakland, CA 94612

www.denisebassallendds.com

E-mail: office.dballendds@sbcglobal.net



## REFERRAL

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

Introducing: \_\_\_\_\_

Age: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for referral:

- 1st Dental Visit
- Toothache
- Decay
- Trauma
- Special needs
- Behavior management/Nitrous Oxide/Sedation

Last exam: \_\_\_\_\_

Last prophylaxis: \_\_\_\_\_

Last fluoride treatment: \_\_\_\_\_

What x-rays are available? \_\_\_\_\_

Date of x-rays: \_\_\_\_\_

Please e-mail all available x-rays.

Remarks: \_\_\_\_\_

---

---

---

---

*Thank you for your referral.*

*We appreciate your trust in allowing us to be a part of your patient's dental care.*