

KIDS DENTAL WORLD

Tim Huang, DDS

Board Certified Pediatric Dentist

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Patient Name _____ Date _____

Cell Phone _____ Home Phone _____

Referred by Dr. _____ Phone _____

I would like this patient to return to my office for recall visits

Please continue to see this patient for recall visits

Evaluate for

Restorative Care (with nitrous/ IV sedation)

Routine Preventive Care

Trauma/ Emergency care

Comments

Please send additional referral forms