



Pediatric Dentistry North, P.C.

A healthy smile begins with a child

Practice Specializing in the Treatment of
Infants, children, Adolescents and Disabled

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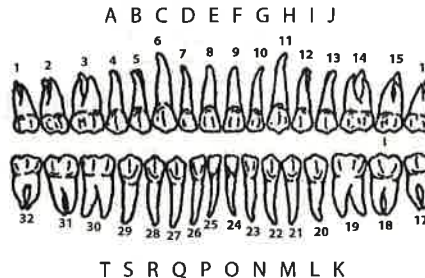
Introducing: _____ Date: _____

Appointment Date: _____ Referred By: _____

Phone Number: _____

Reason for Referral

- ☐ Consultation ☐ Treatment
- ☐ Toothache/Pain
- ☐ Routine Preventative Care
- ☐ Behavior Management Problems
- ☐ Pulp Therapy, Trauma, Fillings
- ☐ Other _____



Radiographs

- ☐ Will be forwarding Radiographs
- ☐ Date _____ Type of films _____
- ☐ Please take necessary radiographs
- ☐ Radiographs given to patient.
- ☐ Other _____

**Treatment completed by
referring office**

- ☐ Prophylaxis
- ☐ Restorative
- _____
- _____
- ☐ Orthodontic

Information concerning treatment of this patient:
