



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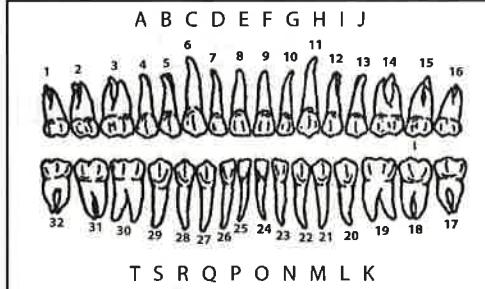
Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

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:

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