Alison D. Campbell, DDS
Andrew M. Heaton, DDS
Bradley Wyatt, DMD, MSD
Board Certified Pediatric Dentists

Your Expression of Confidence is Appreciated

REFERRING DOCTOR

Date: _____

Referring Doctor/Office Name: _____

Have you referred to us before?

Phone Number: _____ ☐ Yes ☐ No

Mailing Address: _____

GENERAL INFORMATION

Patient Name: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

DENTAL INSURANCE INFORMATION

Company: _____

ID: _____

SSN: _____

REASON FOR REFERRAL

☐ Consultation/Treatment Needed: _____

_____

- ☐ Patient uncooperative
- ☐ Too young for our office
- ☐ Urgent care needed
- ☐ Moderate treatment needed
- ☐ Basic care needed
- ☐ Special needs-please explain below
- ☐ Large amount of treatment needed
- ☐ Parent requested a Pediatric Dentist
- ☐ Oral sedation needed
- ☐ IV sedation needed
- ☐ General anesthesia needed

Relevant Medical History: _____

_____

Please note all procedures completed in your office at most recent visit.

- ☐ Comprehensive Exam
- ☐ Bitewings
- ☐ Periapicals
- ☐ Prophy

- ☐ No radiographs available
- ☐ Radiographs sent via Email
- ☐ Radiographs sent via standard mail
- ☐ Recommended treatment enclosed
- ☐ Notify on completion
- ☐ Radiographs sent with parent

830.693.4770
103 US HWY 281, Marble Falls, Texas 78654 • info@lakesidecd.com

Lakeside
CHILDREN'S DENTISTRY

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Bradley Wyatt, DMD, MSD
Board Certified Pediatric Dentists

Your child has been referred to Lakeside Children's Dentistry for their current dental treatment needs.

Please scan the QR code and add us to your contacts by pressing the red add link, so you know who we are when we call to set up your appointment!

Contact us

830.693.4770
103 US HWY 281, Marble Falls, Texas 78654 • info@lakesidecd.com