



Refer to: ☐ Avondale ☐ Central Phoenix ☐ Peoria

☐ Scottsdale ☐ Surprise

Referral date: \_\_\_\_\_

Patient and Parent / Guardian

Patient Name

Patient DOB (MM/DD/YYYY)

Parent/Guardian Name

Parent DOB (MM/DD/YYYY)

Patient Phone Number

Patient Address (street, city, state, ZIP)

Patient Insurance

Plan Name

Subscriber Name

Member / Subscriber ID

Employer

Referring Office / Doctor

Phone Number

Referring Office / Doctor Name

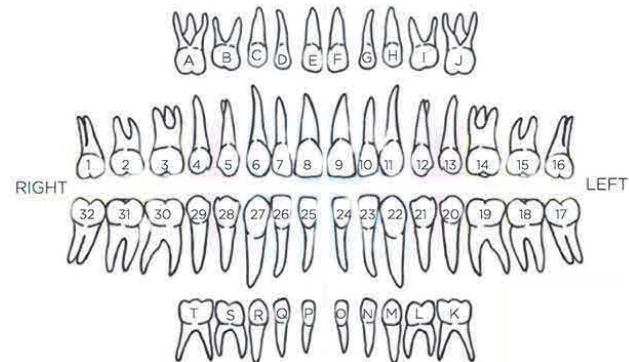
Recommended Treatment Setting

Select all that apply.

☐ Hospital Setting ☐ IV Sedation ☐ Oral Conscious Sedation

Universal Tooth Numbering Reference

Primary teeth are labeled A-T. Use the chart to identify teeth requiring treatment.



Primary Teeth Requiring Treatment

Select all applicable primary teeth.

☐ A ☐ B ☐ C ☐ D ☐ E

☐ F ☐ G ☐ H ☐ I ☐ J

☐ K ☐ L ☐ M ☐ N ☐ O

☐ P ☐ Q ☐ R ☐ S ☐ T

Additional Comments