Referral form

Vacaville Pediatric Dentistry

Mai Uyen Tran, DDS
Specializing in Dentistry for Infants, Children, Adolescents, and Special Needs
1360 Burton Drive, Suite 120
Vacaville, CA 95687
Tel: 707-685-9819
Fax: 707-356-2323
Email: info@vacavillepediatricdentistry.com

Today's Date: ______________

Patient information:

Introducing: ______________________ Patient's DOB: __________

Parent's name: ____________________ Phone #: __________

Referred by Dr.: ______________________________

Previous Dental History:

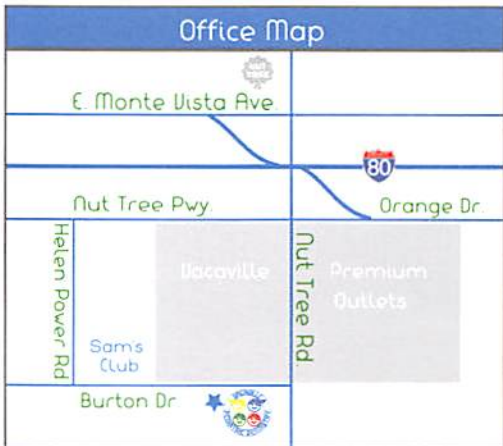
__ Radiographs taken (__Given to patient, __ Mailed/Emailed)
__ Completed Prophy/Fluoride treatment: ____________ (date)

Reason(s) for referral:

__ Child in pain
__ Child frightened
__ Child uncooperative
__ Rampant caries
__ May need Oral Sedation or General Anesthesia

Remarks: ______________________________

____
____
____
____
____
____
____
____
____
____
____
____



visit www.vacavillepediatricdentistry.com
We look forward to meeting you!