



PEDIATRIC DENTISTRY REFERRAL FORM

Dentist Name: DR.Tuka Sada

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Address: 2353 S Custer Rd, Monroe, MI 48161

Phone Number: 734-418-5255

FAX: 734-639-1004

Patient Name: _____

Patient Age: _____

Referring Doctor: _____

Phone Number: _____

Parent Name: _____

Parent Phone: _____

Date of last exam: _____

X-ray taken : ☐Yes ☐No Date: _____

Date of the last Prophy: _____

X-ray Included : ☐Yes ☐No

Referred for (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Space Maintainers | <input type="checkbox"/> Hospital Dentistry | <input type="checkbox"/> Oral Conscious Sedation |
| <input type="checkbox"/> Restorative Procedures | <input type="checkbox"/> High Anxiety | <input type="checkbox"/> Pediatric Dental Home |
| <input type="checkbox"/> Dental Exam | <input type="checkbox"/> Trauma | |
| <input type="checkbox"/> Pediatric Surgery (e.g., Frenectomy, Fiberotomies, Extractions) | | |
| <input type="checkbox"/> Other: _____ | | |

Teeth to be treated:

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
R	A	B	C	D	E	F	G	H	I	J							L
	T	S	R	Q	P	O	N	M	L	K							

Verify Teeth to be treated: _____

Remarks:

Doctor's Name

Date

Confidentiality Notice: Health care information is confidential; federal and state law prohibits disclosure without patient consent. The information contained in this form may be confidential, proprietary and/or legally privileged information intended only for the use of the individual or entity named above. If the reader of this document is not the intended recipient, you are hereby notified that any copying, dissemination or distribution of confidential, proprietary or privileged information is strictly prohibited. If you have received this document in error, please immediately notify the sender and destroy all information received.

INSTRUCTIONS Complete and sign the referral form. Then send to the doctor via one of the following options.

1. **Email:** Fill out the form. Print. • Scan the completed form and save as a JPEG or PDF file. • Open your email client and attach the saved (scanned) document. • Send to the Office Email
2. **FAX:** Print the form. Then, Fax it to the doctor's office (fax number on page 1 of this form or on the DSI website).
4. **In Person:** Print the form. Give to the patient to deliver to the doctor's office. Make sure parent calls to book an appointment.