



THOMAS DENTAL GROUP

General & Sedation Dentistry

Dr. Michael Thomas II

Dr. Brittany Thomas

Referred By: _____ Date: _____

Phone Number (Referring Dr.): _____

Patient Name: _____

Patient Phone Number: _____

Please e-mail radiographs & documentation to: reception@thomasdentalgroup.net

Referral Reason

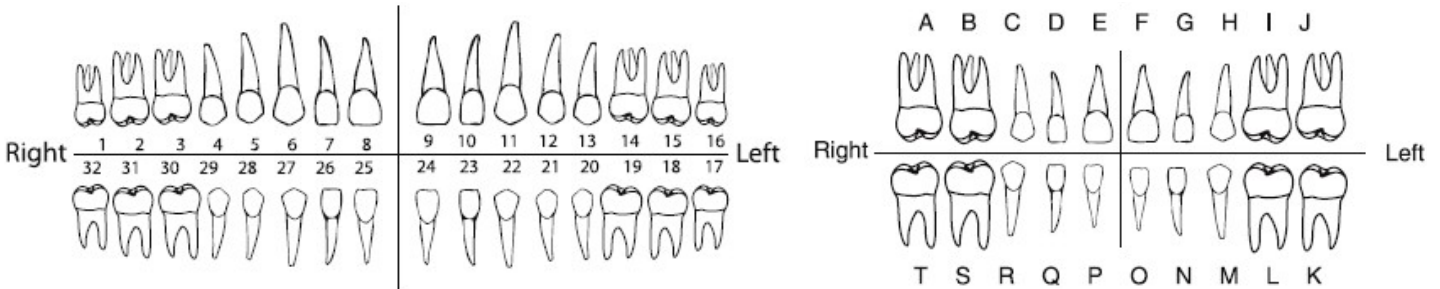
- Comprehensive Care Pediatric care Oral Surgery Endodontics
 Dental Anxiety Special Needs Hospital Dentistry Other

Sedation

- No Sedation Nitrous Oxide
 IV Sedation

After Completed Treatment

- Return to referring doctor
 Continue care at Thomas Dental Group



Remarks/Comments:

Referral Signature: _____

✉ reception@thomasdentalgroup.net 🌐 thomasdentalgroup.net

☎ (330) 492 - 1730 📍 4097 Fulton Drive NW Canton, Ohio 44718