Fremont
Pediatric
Dental

Andrea Dinh, DDS
Board Certified Pediatric Dentist

Introducing _____

Reason for Referral

- ☐ First Dental Visit
- ☐ Special Needs
- ☐ Sedation/Anesthesia
- ☐ Silver Diamine Flouride/ART
- ☐ Toothache
- ☐ Trauma
- ☐ Decay

Xrays

- ☐ None
- ☐ Emailed
- ☐ Sent with Patient

Remarks

3	A	B	C	D	E	F	G	H	I	J	14			
30	T	S	R	Q	P	O	N	M	L	K	19			

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Referring Dr. _____

Phone _____

☐ Return to referring office ☐ Call office prior to treatment

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