Serenity Dental Care | Referral Form

patient name:
phone: home cell
e-mail:
preferred method of contact: phone e-mail text

doctor's name:
address:
phone: e-mail:
preferred method of contact: phone e-mail letter

reason for referral:

- gag reflex
- medical condition(s), *please list:*
- dental anxiety
- difficulty getting numb
- other

treatment needed, *please list:*

How would you designate the patient's future status?

- Pt returns to referring doctor for all future treatment.
- Pt returns to referring doctor for recall only.
- Pt remains with Serenity Dental for all future recall & treatment.

**Note all patients are returned to referring doctor unless specifically requested otherwise.*

Serenity Dental Care

office based sedation dentistry

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