



## We specialize in treatment of all kids

- |                         |                        |
|-------------------------|------------------------|
| Cleanings               | Emergency treatment    |
| White Fillings & Crowns | Fluoride               |
| Digital Xray            | Laughing Gas           |
| Oral Sedation           | General Anesthesia     |
| Preventive Care         | Tongue Ties/Frenectomy |
| Early Orthodontics      |                        |

## Patient Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ TEL# \_\_\_\_\_

### Principal Concern:

Initial Evaluation\_\_\_ Oral Health Exam\_\_\_ Oral Habit\_\_\_  
Endo\_\_\_ Frenectomy\_\_\_ Restorative\_\_\_ Fluoride\_\_\_ Other\_\_\_

Images: not Available\_\_\_

Available\_\_\_ \*email to [appledentalreception@dentalmail1.com](mailto:appledentalreception@dentalmail1.com)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Return Patient after TX: yes\_\_\_ no\_\_\_

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