Aurora children's DENTISTRY

SMILES BRIGHTER THAN THE NORTHERN LIGHTS

3340 Providence Dr. • Suite 552 • Anchorage AK 99508

907- 336-1234

REFERRED BY _____ DATE _____

INTRODUCING _____ DOB _____

PARENT NAME _____

PATIENT CONTACT Home _____ Cell _____

REASON FOR REFERRAL _____

_____

_____

_____

PATIENT MAY REQUIRE

❑ Nitrous Oxide ❑ Oral Sedation ❑ General Anesthesia

X-RAY

❑ Being emailed (please tell us what type and date taken) _____

❑ Please take x-rays

ONCE TREATMENT IS COMPLETE

❑ Please send patient back to referring office for recare

❑ Referring Dr. would like patient to be seen at Aurora Children's Dentistry for recare

PATIENT INSTRUCTIONS

PLEASE NOTE THAT IN MOST INSTANCES THE PATIENT IS FIRST SEEN FOR CONSULTATION TO REVIEW THE HEALTH HISTORY, DETERMINE THE TREATMENT PLAN, DECIDE ON THE MOST APPROPRIATE TREATMENT MODALITY AND SCHEDULE THE TREATMENT AT A SEPARATE APPOINTMENT.

DIRECTIONS

We are located in the Providence hospital, A Tower, on the fifth floor. Parking can be found in the parking garage adjacent to the A Tower or in the front of the hospital next to the Imaging Center entrance.

PLEASE SEND THIS REFERRAL VIA FAX OR EMAIL TO OUR OFFICE
ALONG WITH ANY NECESSARY X-RAYS AND CHART NOTES
EMAIL: FRONTDESK@AURORACHILDREN.COM
FAX: (907) 336-4321