DR. SARAH HILL
DR. JOSEPH R. STOUT
Board Certified Pediatric Dentists

1204 18th Street
Anacortes, WA 98221
(360) **588-8238** (ph/fax)

651 SE Maylor Street
Oak Harbor, WA 98277
(360) **675-4613** (ph/fax)

PLAYHOUSE DENTAL

www.**PlayhouseDentalKids**.com

Date _____

Patient_____ DOB:_____ Phone#:_____

Referring Doctor _____

1. Reason for referral: (Specify involved area.)
   - ☐ Emergency treatment_____
     - ☐ Trauma_____
     - ☐ Pain_____
     - ☐ Caries control_____
   - ☐ Restorative_____
   - ☐ Other _____

     _____
2. Services requested:
   - ☐ Accept as new patient
   - ☐ Evaluation only
   - ☐ Specific treatment only
3. Significant medical history_____

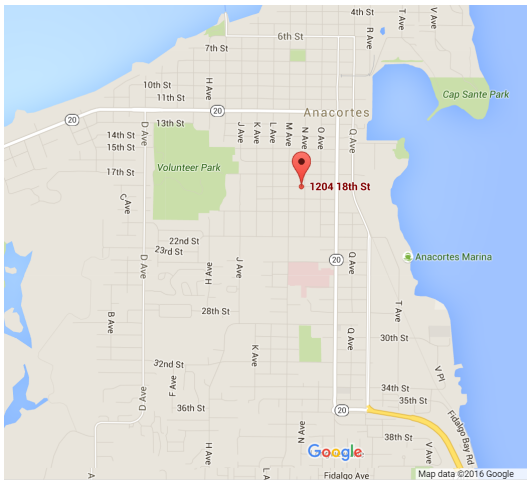
   _____
4. Has this patient received treatment at your office? ☐ Yes ☐ No
   If yes, please include significant dental history._____

   _____

   _____
5. Were x-rays taken? ☐ Yes ☐ No (If yes, please send.)
6. Preferred method for report:
   ☐ Email ☐ Fax ☐ Phone ☐ Letter

REMINDERS

- Please contact our office by phone to expedite your appointment.
- This referral note and any pertinent x-rays should accompany the child to the appointment. (Or be sent digitally)
- Minors must be accompanied by parent or guardian.



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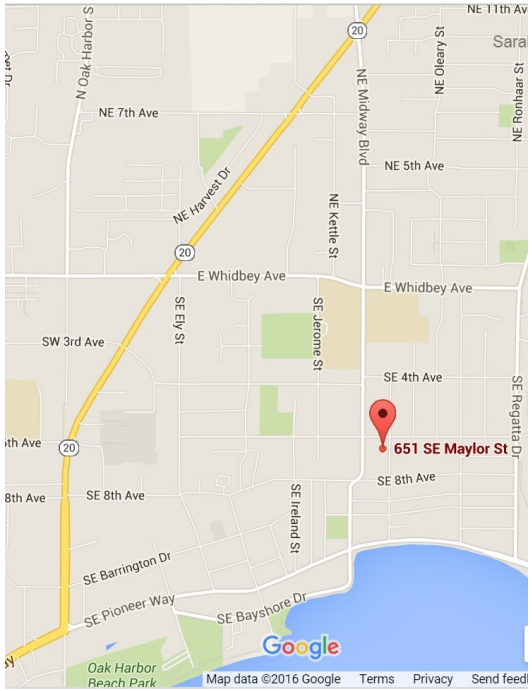

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