

1204 18th Street
Anacortes, WA 98221
(360) 588-8238

DR. SARAH HILL
Board Certified Pediatric Dentist

360-526-8331-fax
pdk@playhousedentalkids.com



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:

- Evaluation only
- Specific treatment only
- Treatment under general anesthesia

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:

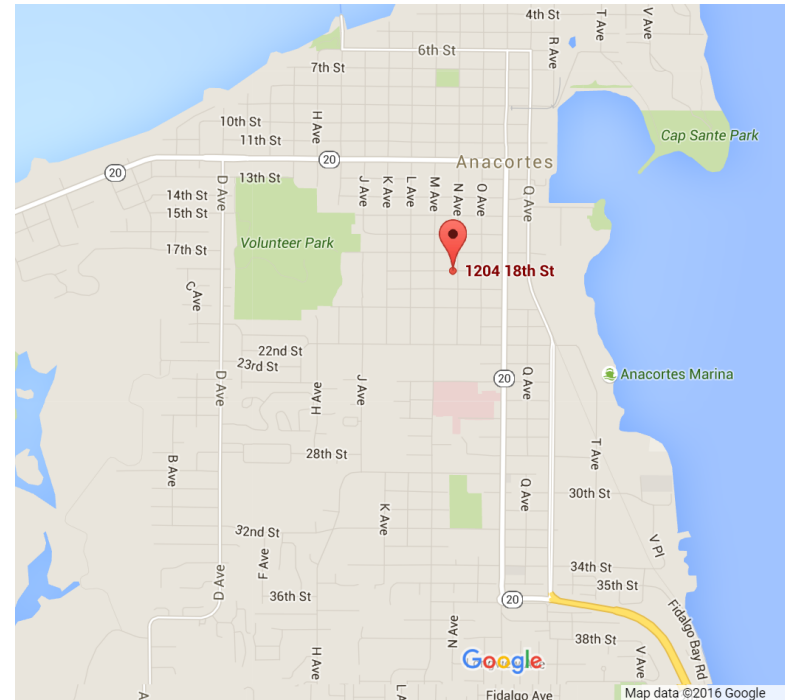
- Email Fax Phone Letter

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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