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 _____

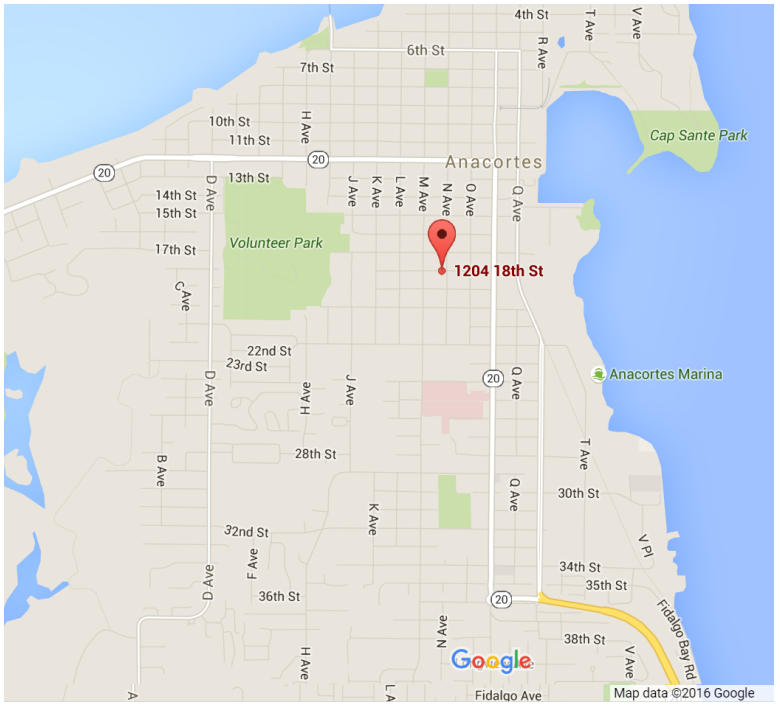
Patient_____ DOB:_____ Phone#:_____

Parent:_____Email_____

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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