

This is to introduce you to my patient,

Patient Name

Date

For: Consultation Treatment

Comments

Referring Doctor

Phone

Reason(s) for referral

- Nitrous oxide analgesia
- IV Sedation
- Dental phobic/anxiety

- Severe gag reflex
- Unable to get numb
- Special needs patient

Instructions for IV sedation patients

1. Nothing to eat or drink for 8 hours prior to surgery.
2. Bring someone to stay in the office during your surgery.
3. Patients under 18 years of age must be accompanied by a parent or legal guardian.
4. Patients are advised to wear loose fitting sleeves.
5. Please bring this referral sheet and any x-rays with you to our office.

Please evaluate and treat

- Patient referred for complete dental care
- Please refer patient back for follow-up visits
- Restorative
- Crown and Bridge
- Dental infection/RCT
- Oral surgery
- Other

