



the dentist you wish you had when you were a kid!

Dana Anthony Yip, DDS, MS

Pediatric Dentistry

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NOTES

REFERRAL FORM

Introducing _____ Age _____ Today's Date _____

Referring Doctor _____

Phone _____ E-Mail _____

Reason for Referral Age Extent of Caries Sedation/Hospital
 Behavior Interceptive Ortho Special Needs

Preferences Patient returns after treatment
 Patient has continuing care with the Kids' Dentist until he/she is older
 What age do you prefer to see patient for continuing care ? _____

Comments _____

Which Radiographs Taken ? _____ Date Taken _____

Sent with Patient ? E-Mailed ? Mailed ?

Date of Last Cleaning/Fluoride _____

INSTRUCTIONS FOR PARENTS

- ☞ An initial consultation is usually completed before treatment is started.
- ☞ Please contact us to schedule/confirm your child's appointment.
- ☞ Please fill out new patient forms available at www.OregonKidsDentist.com.

☞ **APPOINTMENT DATE** _____ **TIME** _____



Cedaroak Professional Building
18676 Willamette Dr. (Hwy 43)
Ste. 301
West Linn, OR 97068

2 miles N of I-205
1 mile S of Lake Oswego
Just N of McDonalds

