Mills -Peninsula
PEDIATRIC DENTISTRY & ORTHODONTICS

120 S. El Camino Real #1
Millbrae CA, 94030

Phone: (650) 689-5355
Fax: (650) 689-5523

info@mppediatricdentistry.com
www.mppediatricdentistry.com

NIKI FALLAH DDS, MS
DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRIC DENTISTRY

PATIENT REFERRAL FORM

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

DATE:_____

INTRODUCING:_____

AGE/DOB:_____

REFERRING DOCTOR_____ PHONE: _____

CONCERNS:

____ Caries

____ Abscess/Infection

____Trauma

____Orthodontic Evaluation

____Oral Hygiene

____Over-retained teeth

____Extraction(s)

____ SEDATION/GA

____Other:_____

PATIENT REQUIRES ADDITIONAL CARE DUE TO:

____ Anxiety/Dental Phobia

____ Autism

____Medical Condition:_____

____Behavior Disability:_____

____Mental Disability:_____

____Physical Disability:_____

____Other:_____

Additional comments (please specify teeth number(s) and treatment requested/suggested):

_____

_____

_____

____Please call me before proceeding with treatment

____I have sent radiographs for your evaluation