



BLUE VALLEY PEDIATRIC DENTISTRY

VANESSA AXELSEN, DDS

7560 W 160TH STREET | OVERLAND PARK, KS 66085

P: 913.232.2708 | F: 913.232.2718

REFERRALS@BVKIDSDENTIST.COM

WWW.BVKIDSDENTIST.COM

PATIENT REFERRAL

INTRODUCING: _____

REFERRAL DATE: _____ DOB: _____

LEGAL GUARDIAN: _____

CONTACT #: _____

REFERRAL REASON (CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> DENTAL ANXIETY/ FEARFUL | <input type="checkbox"/> GENERAL ANESTHESIA |
| <input type="checkbox"/> SPECIAL HEALTH CARE NEEDS | <input type="checkbox"/> LIMITED ORTHODONTICS |
| <input type="checkbox"/> RESTORATIVE CARE | <input type="checkbox"/> PEDIATRIC ORAL SURGERY |
| <input type="checkbox"/> NITROUS OXIDE SEDATION | <input type="checkbox"/> FRENOTOMY CONSULTATION |

COMMENTS: _____

RADIOGRAPHS:

DATE OF LAST RADIOGRAPHS: _____

TYPE: _____

PLEASE EMAIL RADIOGRAPHS TO REFERRALS@BVKIDSDENTIST.COM

AND INCLUDE: YOUR OFFICE NAME, PATIENT NAME, PATIENT DATE OF BIRTH, AND DATE RADIOGRAPHS WERE MADE.

REFERRING DENTIST:

DR. _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DENTIST SIGNATURE: _____

PLEASE EMAIL OR FAX THIS FORM TO OUR OFFICE AND WE WILL CALL THE FAMILY TO SCHEDULE AN APPOINTMENT. THANK YOU!