KIDS DENTAL CARE

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Diplomate, American Board of Pediatric Dentistry
Fellow, American Academy of Pediatric Dentistry

www.kidsdentalcare.com

Referring Doctor _____ Date _____
Patient _____ Age _____

1. Reason for referral:
   - ❑ Emergency Treatment
     - ❑ Trauma _____
     - ❑ Pain _____
     - ❑ Caries Control _____
   - ❑ Restorative _____
   - ❑ Orthodontic Evaluation _____
   - ❑ Behavior Management _____
   - ❑ Other _____

2. Services Requested:
   - ❑ Please treat as needed
   - ❑ Evaluation only _____
   - ❑ Specific treatment only _____

3. Has the patient received treatment at your office? ❑ Yes ❑ No

4. Do you have recent radiographs? ❑ Yes ❑ No If yes, please forward

5. ❑ Please call me.
   ❑ Please send summary report.

Comments: _____

_____

_____

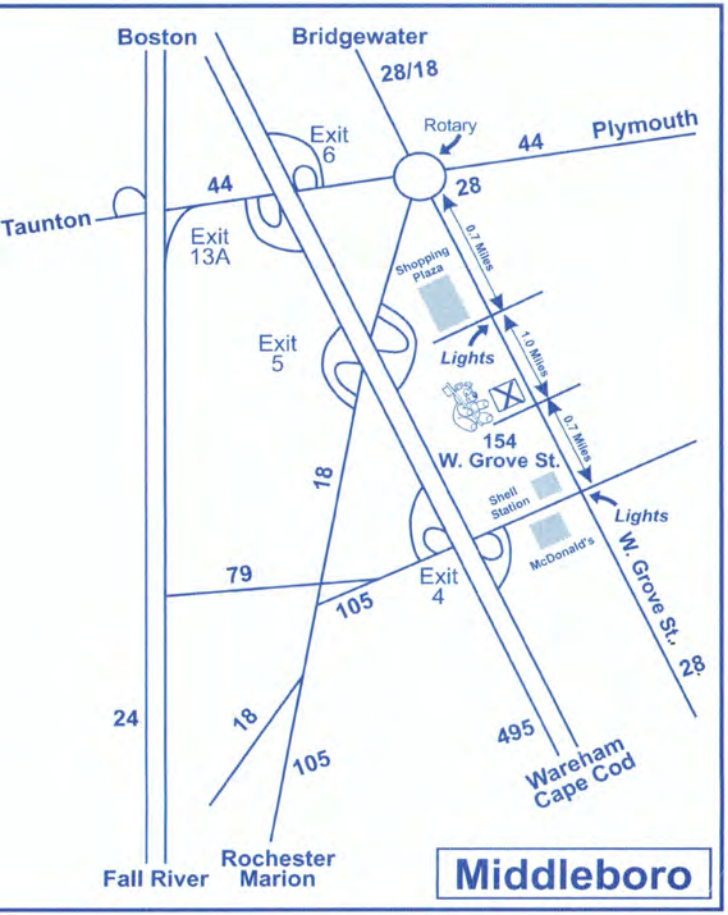
_____

_____

Dr. _____

❑ 497 Robeson Street
Fall River, MA 02720
(508) 676-0111

❑ 154 West Grove Street (Route 28)
Middleboro, MA 02346
(508) 947-6477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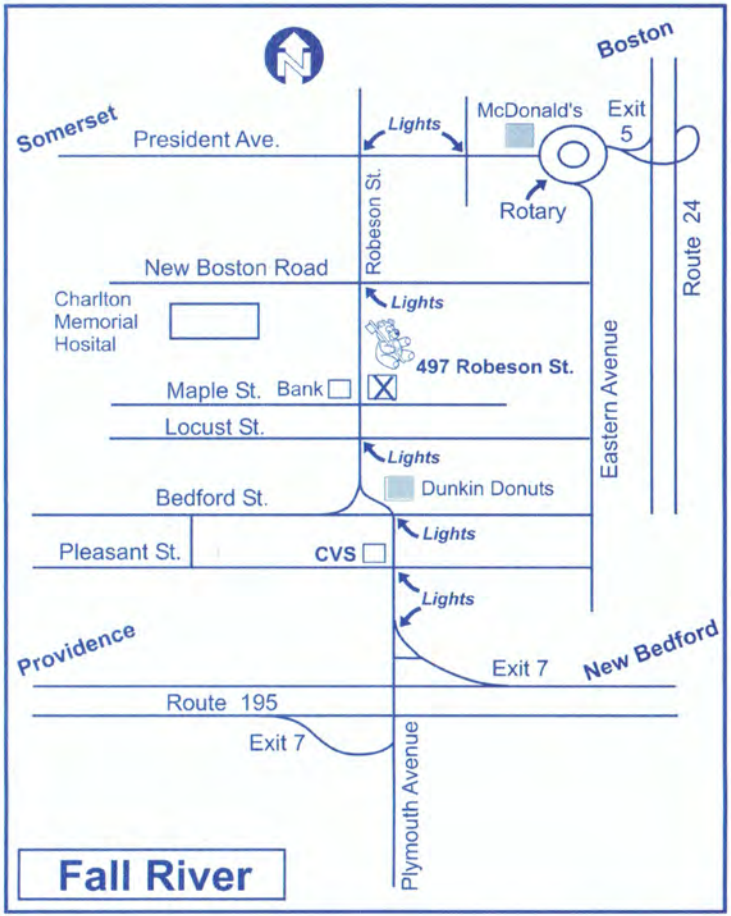
Bridgewater
28/18
Exit 6
Rotary
44
Plymouth
Taunton
44
Exit 13A
28
Shopping Plaza
0.7 Miles
Exit 5
Lights
1.0 Miles
0.7 Miles
154 W. Grove St.
18
Shell Station
Lights
McDonald's
W. Grove St.
79
Exit 4
105
28
24
18
105
495
Wareham Cape Cod
Fall River
Rochester Marion
Middleboro


Boston
Somerset
President Ave.
Lights
McDonald's
Exit 5
Robeson St.
Rotary
Route 24
New Boston Road
Charlton Memorial Hosital
Lights
497 Robeson St.
Eastern Avenue
Maple St.
Bank
Locust St.
Lights
Bedford St.
Dunkin Donuts
Pleasant St.
CVS
Lights
Lights
Providence
Exit 7
New Bedford
Route 195
Exit 7
Plymouth Avenue
Fall River