



# WILSON DENTAL

728 East Ridge Rd  
Rochester, NY 14621

585-491-7800 607-238-1276(Fax) [contact@wilsondentalny.com](mailto:contact@wilsondentalny.com)

## PEDIATRIC REFERRAL

Introducing: \_\_\_\_\_ DOB: \_\_\_\_\_

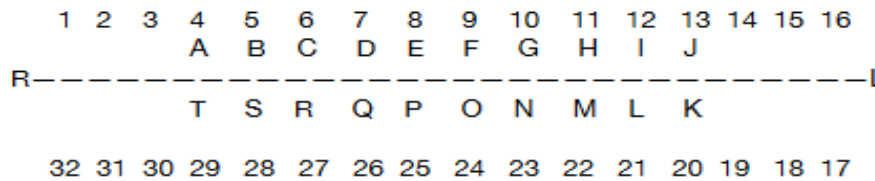
Telephone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Please circle the teeth or areas to be evaluated:

**RIGHT**

**LEFT**



- All treatment Under General Anesthesia
- Comprehensive care: Please diagnose and treat all current dental needs and ask the patient to return to our office afterwards
- Transfer of Care: Please allow the patient to make Wilson Dental his/her permanent dental home
- Special Needs Please specify: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Referring office: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_