

WINDSOR PEDIATRIC DENTISTRY



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Windsor, CO 80550
Tel: 970-674-3247
Fax: 970-460-0865
www.windsorpediatricdentistry.com

Date: _____

Patient Name: _____ Date of Birth: _____

Parent's Phone: _____

Requested consultation/treatment:

- Consultation Only
- Consultation and Limited Treatment
- Return to Referring Dentist
- Comprehensive Care

Instructions:

- Behavior/Age
- Special Needs
- Caries
- Treatment Under Sedation or General Anesthesia

Were radiographs made? (Please circle): Yes No

Please send radiographs via email to wpdentistry@mail.com

Referring Dentist: _____

Office phone number: _____

Office Email: _____