



wintergarden

PEDIATRIC SMILES

Lissette R. Bernal, DDS • Dixin Wang, DDS

Pediatric Dentists

1317 Winter Garden Vineland Road • Suite 110
Winter Garden, FL 34787 • Phone 407.614.5955 • Fax: 407.614.5001
info@wintergardensmiles.com

REFERRAL FORM

Patient Name: _____ Age: _____

Referred By: _____ Date: _____

Area of Concern

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J |
| T | S | R | Q | P | O | N | M | L | K |

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

Comprehensive Care Trauma Pain Special Need

Sedation Other: _____

Radiographs: None Available Sent with patient

E-Mailed Upon Request

Comments: _____
