REFERRAL

BITTNER DENTISTRY FOR KIDS™

Specialized in caring
for infants, children, teens,
and those with special needs

Date: _____

Child's Name: _____

DOB: _____

Parent/ Guardian Name: _____

Phone #: _____

Reason For Referral

_____

_____

Date of last Prophy: _____

X-rays taken: _____

Date taken: _____

Please email x-rays to: xrays@bittnerdentistryforkids.com
Or mail to:
Bittner Dentistry for Kids
17680 SW Handley St #201
Sherwood, OR 97140

Comments

_____

_____

_____

_____

_____

Referring Doctor _____

Phone _____ Fax _____

Please fax or email this form to our office and give a copy to the patient.

office: 17680 SW Handley St, Suite 201 • Sherwood, OR 97140
Phone: 503-625-KIDS (5437) • Fax: (503) 625-5433 • www.bittnerdentistryforkids.com

☐ **We are out of referral forms. Please send us a new pad.**