



ALL KIDS

DENTAL SURGERY CENTER

2525 Eye Street, Ste. 100

Bakersfield, CA 93301

Fax: (661) 325-5432(KID2)

Tel: (661) 325-5437(KIDS)

***Please Fax ALL Referrals to
661-325-5432**

Referral Slip

Date _____

Referred By: _____

Phone: _____

Patient Information

Name: _____ Phone 1: _____

Parent Name: _____ Phone 2: _____

Address: _____ City _____ ST _____ Zip _____

Date of Birth: _____ SSN: _____

Reason for Referral

- Patient unable to tolerate routine dental treatment due to age
- Patient has acute dental phobia
- Patient uncooperative
- Surgical procedures require general anesthesia
- Patient has a medical condition requiring medical supervision

Brief Medical/Dental History: _____

Behavioral Methods Used to Provide Conventional Dentistry

- N2O2
- Papoose Board
- Show-Tell-Do Method
- Oral Pre-medication