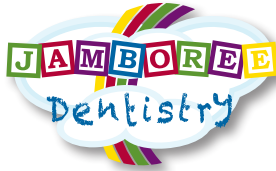


# Dental Specialist Referral Slip



Where Kids Smiles Come First!

In most cases, the first appointment will be for a consultation only with a Jamboree team dentist. Please consult our office directly in regards to your first appointment.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient's Email Address: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Office/Telephone Number: \_\_\_\_\_

Patient is Referred for:

- Full Mouth Evaluation & Treatment
- Treatment Only of Specified Teeth (please list teeth in comment section)

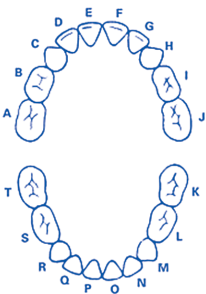
Specialist for your Patient to see:

- Pediatric Dentist
- Endodontist
- Oral Surgeon

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

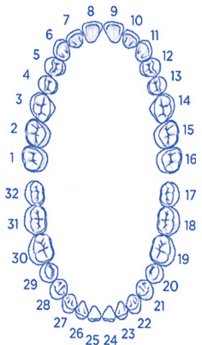
Reason for Referral:

- Behavior
- Age
- Medical Conditions/Special Needs
- Failed Attempt at Treatment
- Doctor Does Not Treat Child of This Age
- Other \_\_\_\_\_



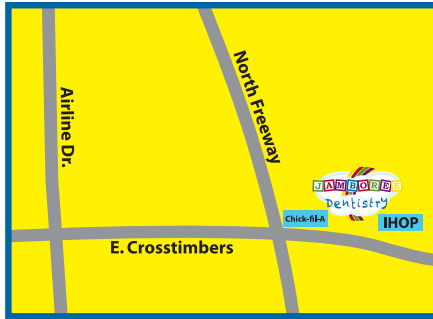
A temporary PCD change may be required for Medicaid patients-would you like us to contact you?

- YES
- NO



Thank you for allowing me to consult with your patient.

[www.jamboreedentistry.com](http://www.jamboreedentistry.com)



4400 North Freeway, Ste. 500 D  
Houston, TX 77022  
832-834-7973 • Fax: 832-834-7977



6336 Telephone Road • Houston, TX 77087  
713-644-3000 • Fax: 713-644-3004

**Opening on April 26, 2018**



12924 Willow Chase Dr. • Houston, TX 77070  
832-930-7872 • Fax 832-930-7873



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[www.Facebook.com/JamboreeDentistryNorth](http://www.Facebook.com/JamboreeDentistryNorth)

