



Southern Stars

PEDIATRIC DENTISTRY

Andrew M. Heaton, DDS
Bradley Wyatt, DMD, MSD
Alison D. Campbell, DDS
Board Certified Pediatric Dentists

Your Expression of Confidence is Appreciated

REFERRING DOCTOR

Referring Doctor/Office Name: _____
Phone Number: _____
Mailing Address: _____

Date: _____

Have you referred to us before?
 Yes No

GENERAL INFORMATION

Patient Name: _____ DOB: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian: _____ DOB: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

DENTAL INSURANCE INFORMATION

Company: _____
ID: _____
SSN: _____

REASON FOR REFERRAL

Consultation/Treatment Needed: _____

- | | |
|---|---|
| <input type="checkbox"/> Patient uncooperative | <input type="checkbox"/> Large amount of treatment needed |
| <input type="checkbox"/> Too young for our office | <input type="checkbox"/> Parent requested a Pediatric Dentist |
| <input type="checkbox"/> Urgent care needed | <input type="checkbox"/> Oral sedation needed |
| <input type="checkbox"/> Moderate treatment needed | <input type="checkbox"/> IV sedation needed |
| <input type="checkbox"/> Basic care needed | <input type="checkbox"/> General anesthesia needed |
| <input type="checkbox"/> Special needs-please explain below | |

Relevant Medical History: _____

Please note all procedures completed in your office at most recent visit.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Comprehensive Exam | <input type="checkbox"/> Periapicals |
| <input type="checkbox"/> Bitewings | <input type="checkbox"/> Prophylaxis |

- | | |
|---|---|
| <input type="checkbox"/> No radiographs available | <input type="checkbox"/> Recommended treatment enclosed |
| <input type="checkbox"/> Radiographs sent via Email | <input type="checkbox"/> Notify on completion |
| <input type="checkbox"/> Radiographs sent via standard mail | <input type="checkbox"/> Radiographs sent with parent |

737-757-7646

700 Market Street, Suite 103, Cedar Park, Texas 78613 • refer.to.us@SouthernStarsPD.com



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**Your child has been referred to Southern Stars Pediatric Dentistry
for their current dental treatment needs.**

**Please scan the QR code and add us to your contacts
by pressing the red add link, so you know who we
are when we call to set up your appointment!**



Contact us

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