



DESCHUTES
PEDIATRIC
DENTISTRY

Steve Christensen D.M.D. • Stephanie Christensen D.M.D.
Ashley Swan D.M.D. • Edward Christensen D.D.S

Patient Referral

Step 1:

Introducing Patient: _____

Parent Name & Number: _____

Step 2:

Referring Doctor's Name: _____

Radiographs? Yes, date: _____ No

Recent prophylaxis & fluoride treatment?

Yes, date: _____ No

Has treatment been attempted?

Yes, date: _____ No

Step 3:

Our goal is to provide patients with treatment and education based on direction from you.

Please continue to see this patient for recalls at Deschutes Pediatric Dentistry.

Please return this patient to our office, the referring dentist, when treatment is complete.

Treatment Recommendations:

1475 S.W. Chandler Ave • Suite 202 • Bend, Oregon 97702 • 3818 S.W. 21st St • Suite 102 • Redmond, Oregon 97756

Bend: 541.389.3073 E-mail: FrontOffice@DeschutesKids.com Redmond: 541.923.5166