

I would like to refer the following patient:

Name: _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian(s): _____

Phone Number(s): _____

Address: _____

Referring Doctor: _____

Doctor Email: _____

Doctor Phone: _____

Referral Date (MM/DD/YYYY): _____

Reason for Referral

- Extensive Caries
- Uncooperative
- Young Age
- Attempted Treatment
- Patient Will Return to Our Office After Treatment

Radiographs

- Are Needed
- Emailed
- Mailed

X-Ray Type(s)?

X-Ray Date(s):

Additional Remarks: _____

Call today to schedule!

Grass Valley

1061 E. Main St. Ste 101
Grass Valley, CA 95945
(530) 272-9026

grass.valley@caringtreedentistry.com

Office Hours

Monday 8:00am – 5:00pm
Tuesday 8:00am – 5:00pm
Wednesday 8:00am – 5:00pm

Lincoln

150 Gateway Dr. Ste 110
Lincoln, CA 95648
(916) 251-0170

lincoln@caringtreedentistry.com

Office Hours

Thursday 10:00am – 6:00pm
Friday 8:00am – 4:00pm
Saturday 9:00am – 2:00pm