PRAIRIE KIDS DENTAL

WELLNESS-FOCUSED, ADVANCED DENTAL CARE FOR CHILDREN

KIMBERLY M GILL DDS MS
board certified pediatric dentist
614-870-1333
www.PKDKIDS.com

This pediatric dental specialty referral form is intended for use by medical and dental offices and by parents seeking a kid's dentist.

Patient Name_____ Age_____

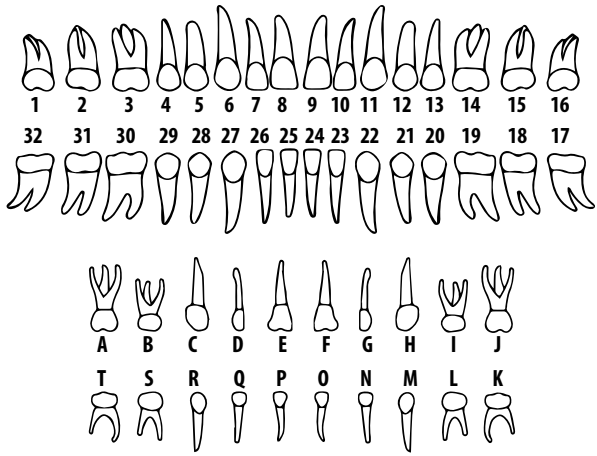
Mobile Phone ( ) _____–_____

E-mail _____

Parent's Name _____

Insurance Name_____ or ☐ Self-pay

Please indicate area to be treated



Reason for referral:

- ☐ Pain
- ☐ Trauma
- ☐ Special Needs
- ☐ Rampant Caries
- ☐ Behavior/Age
- ☐ Extractions
- ☐ Pathology
- ☐ Sedation
- ☐ General Anesthesia
- ☐ Interceptive orthodontic treatment
- ☐ Other: _____

_____

_____

_____

_____

_____

Referring Doctor information

☐ Any special health concerns?_____

☐ Fluoride varnish or SDF applied?

☐ Would you like a call regarding this patient referral? ☐ Yes ☐ No

☐ Needs X-rays? ☐ X-rays given to parent ☐ X-rays e-mailed

Referring doctor/office (please print)_____

Phone_____ Fax_____

Doctor's email_____ Today's date_____

Please fax this form to: 614-870-0333

See reverse side for additional information and a map to our office.

BRING YOUR MEDICAL + DENTAL INSURANCE CARDS AND YOUR DRIVER'S LICENSE

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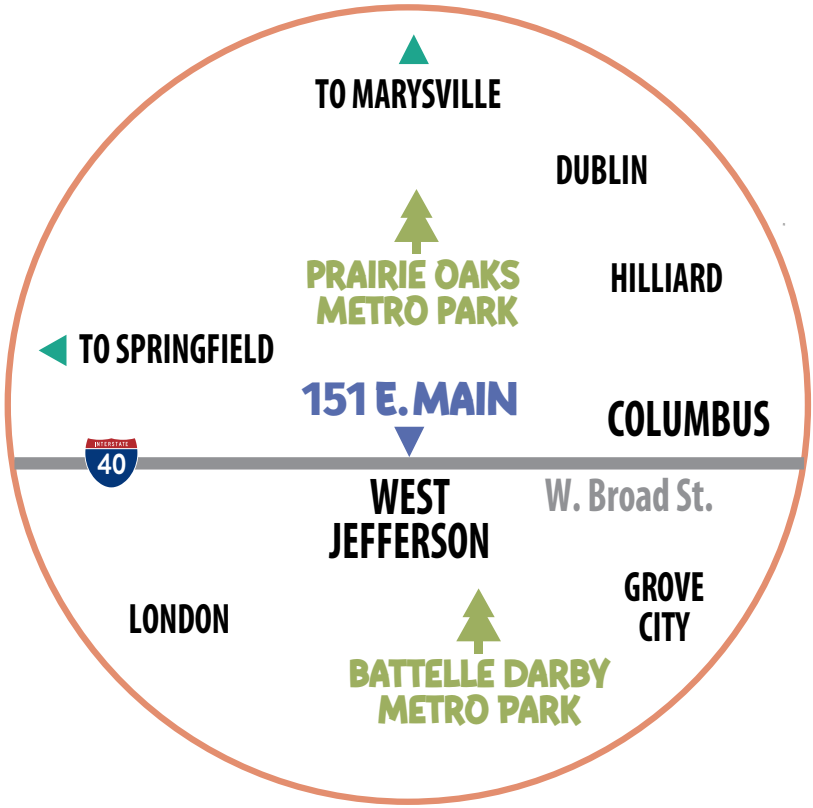

Scan the QR code to access our website for additional information and directions to Prairie Kids Dental

Prairie Kids Dental accepts Medicaid and most major PPO insurances.

Kimberly M. Gill, DDS MS
Samuel N. Nicholson, DMD
Kimberly A. Holmes, DDS

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