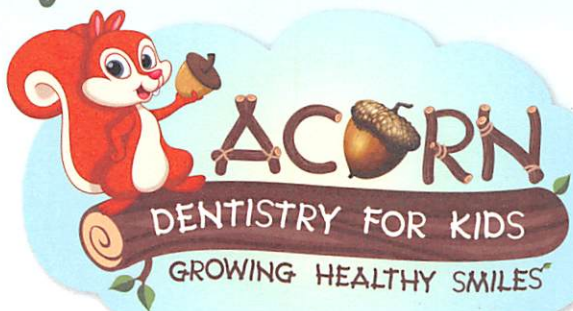


# Referral

Date (MM/DD/YY): \_\_\_\_\_



## Patient Information:

Patient: \_\_\_\_\_

Patient Date of Birth (MM/DD/YY): \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Insurance Information:

PRIVATE

Company: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Subscriber Date of Birth (MM/DD/YY): \_\_\_\_\_

ID Number: \_\_\_\_\_

OREGON HEALTH PLAN

ID Number: \_\_\_\_\_

## Referral Information:

Doctor / Office: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete all treatment deemed necessary

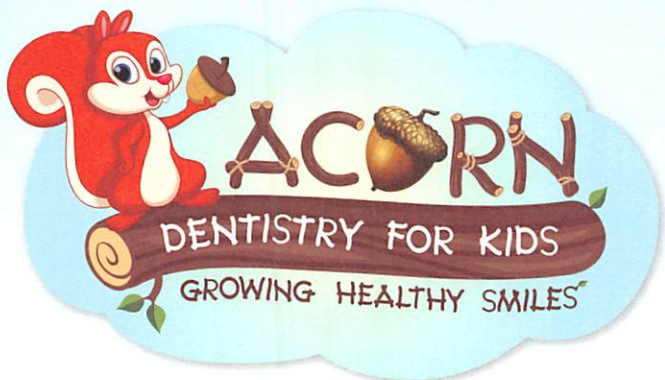
X-rays taken

X-rays sent with patient

X-rays sent by mail / email on (MM/DD/YY): \_\_\_\_\_

Please accept patient into pediatric practice

Patient to return to referring doctor



Thank you  
for trusting us  
with your patients!

Sincerely, your pediatric dentistry team:

Dr. Tim Dr. Michelle  
Dr. Kelly Dr. Tess  
Dr. Jennifer Dr. Alice Dr. Ramya

### Acorn Dentistry for Kids

503.874.4560 / PHONE · 503.874.4562 / FAX

info@acorndentistryforkids.com

Office hours are 8:00 am to 5:00 pm, Monday through Friday.

All private and Oregon Health Plan insurances are accepted.

### Our Locations:

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KEIZER / 4817 River Road N · Keizer, OR 97303

CORVALLIS / 1731 NW Kings Boulevard · Corvallis, OR 97330

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