Dietmar Kennel DDS
Pediatric Dentist
1504 Buddy Holly Ave
Lubbock, TX 79407
(806) 749-KIDS (5437)
fax: (806) 744-7241

PEDIATRIC DENTIST SPECIALIST REFERRAL

Patient Name: ______________________________

Patient Age: ____________

Parent/Guardian: ______________________________

Phone Number: (________)______________________

MEDICAID
MCNA
DENTAQUEST
CHIP
Care Credit
All Insurances welcome

Referring Office: ______________________________

Referring Doctor: ______________________________

Age 0-12 years

Urgency of Appointment (circle appropriate level):

Low	Medium	High
Child has no acute or chronic problems, needs dental exam	Child has chronic dental problems, not urgent, schedule as soon as possible	Child is in acute pain or has infection, needs to be seen immediately

Reason(s) for Referral:

◯ age
◯ behavior
◯ anxiety
◯ phobia
◯ First Visit
◯ establish Dental Home
◯ sedation
◯ General Anesthesia
◯ no treatment attempted
◯ treatment attempted
◯ unable to complete treatment
◯ extensive treatment necessary
◯ restorative procedures
◯ surgical procedures (extractions, frenotomy, biopsy, etc...)
◯ Other:

____
____
____
____

Please FAX completed Form to

(806) 744-7241

or call:
(806) 749 KIDS (5437)