triaxDENTAL

330 Wallace Rd, Suite 106 - Nashville, TN 37211
Phone: 615-915-6090 / Fax: 615-915-6091

www.triaxdental.com

PATIENT REFERRAL

PLEASE FAX TO 615-915-6091 OR E-MAIL TO NEWPATIENTS@TRIAXDENTAL.COM

Referring Doctor: _____ Phone: _____ Date: _____

Patient Name: _____ Phone: _____ DOB: _____

Address: _____ E-mail: _____

Referred for evaluation of the following

- ☐ Caries / Decay #_____
- ☐ Extractions #_____
- ☐ Fractured Tooth #_____
- ☐ Trauma / Infection #_____
- ☐ Pulp Therapy #_____
- ☐ Oral Habits
- ☐ Periodontal Disease

Patient also presents with and requires additional care due to

- ☐ Autism Spectrum Disorder: _____
- ☐ Behavioral Disability: _____
- ☐ Down Syndrome: _____
- ☐ Mental Disability: _____
- ☐ Physical Disability: _____
- ☐ Requires Sedation: _____
- ☐ Dental Phobia: _____
- ☐ Other: _____

V1.2 Last update: Nov/27/2017

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