



Adult Dental Care Under IV Sedation & General Anesthesia

Jason Tanguay, DDS



dental studio

Patient Info:

Patient Name _____

Date _____

Guardian / POA (if applicable) _____

Patient Birthdate _____

Phone (primary) _____

Referring Provider _____

Phone (alternate) _____

Provider Contact # or Email _____

- Referred for:
- IV Sedation
 - General Anesthesia
 - Please Evaluate

Dental findings / Preliminary treatment plan (if known):

Pertinent medical history or other comments:

Dental Providers: Please check here if you are able to email any recent radiographs and send to: info@refreshingdentistry.com

Thank you for your referral!