



Dental Care for Healthy and Medically Complex Patients of All Ages

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dental studio

Patient Info:

Patient Name _____

Patient Birthdate _____

Date _____

Referring Provider _____

Phone (primary) _____

Provider Contact # or Email _____

Phone (alternate) _____

Pertinent medical history:

Five horizontal lines for writing medical history.

Dental history (if known):

Four horizontal lines for writing dental history.

Other comments:

Two horizontal lines for 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!