



**Pediatric Dental Care Under
General Anesthesia**

Jason Tanguay, DDS



dental studio

Patient Info:

Patient Name _____

Date _____

Parent / Guardian _____

Patient Birthdate _____

Phone (primary) _____

Referring Provider _____

Phone (alternate) _____

Provider Contact # or Email _____

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!