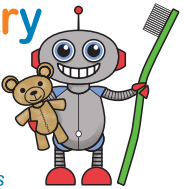
Pediatric Dentistry of Sacramento

Paul A. Johnson, D.D.S.
Board Certified Pediatric Dentist

Gentle Dentistry for Children of All Ages



Date: .....

Patient: .....

Phone: .....

Reason for Referral:

- ☐ Age
- ☐ Behavior
- ☐ Extensive Decay
- ☐ In Office Sedation
- ☐ Treatment Under General Anesthesia
- ☐ Special Needs
- ☐ Emergency Care
- ☐ Preventative Care

Radiographs:

- ☐ With Parents
- ☐ Emailed to office@pjdds.com
- ☐ None Taken

Referred by Dr. .....

Phone: .....

Notes: .....

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Email *office@pjdds.com*