



**WELLNESS-FOCUSED,
ADVANCED DENTAL CARE
FOR CHILDREN**

KIMBERLY M GILL DDS MS
board certified pediatric dentist

**982 GALLOWAY ROAD
GALLOWAY, OH 43119**

614-870-1333
www.PKDKIDS.COM

This pediatric dental specialty referral form is intended for use by medical and dental offices and by parents seeking a kid's dentist.

Patient Name _____ Age _____

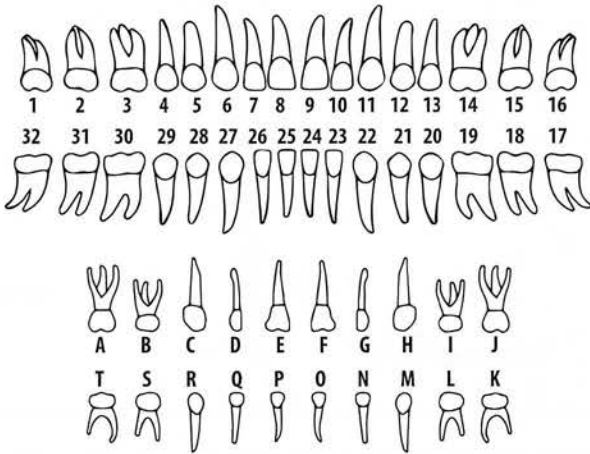
Mobile Phone () _____ - _____

E-mail _____

Parent's Name _____

Insurance Name _____ or Self-pay

Please indicate area to be treated



Reason for referral:

- Infant/toddler oral health visit
- Early childhood caries under age 7 (pre-cooperative)
- Failed attempt at local anesthesia
- General anesthesia
- Unable to treat or no treatment attempted

Specify reason:

Referring Doctor information

- Any special instructions? _____
- Fluoride varnish or SDF applied?
- Would you like a call regarding this patient referral? Yes No
- Needs X-rays?

Referring doctor/office (please print) _____

Phone _____ Fax _____

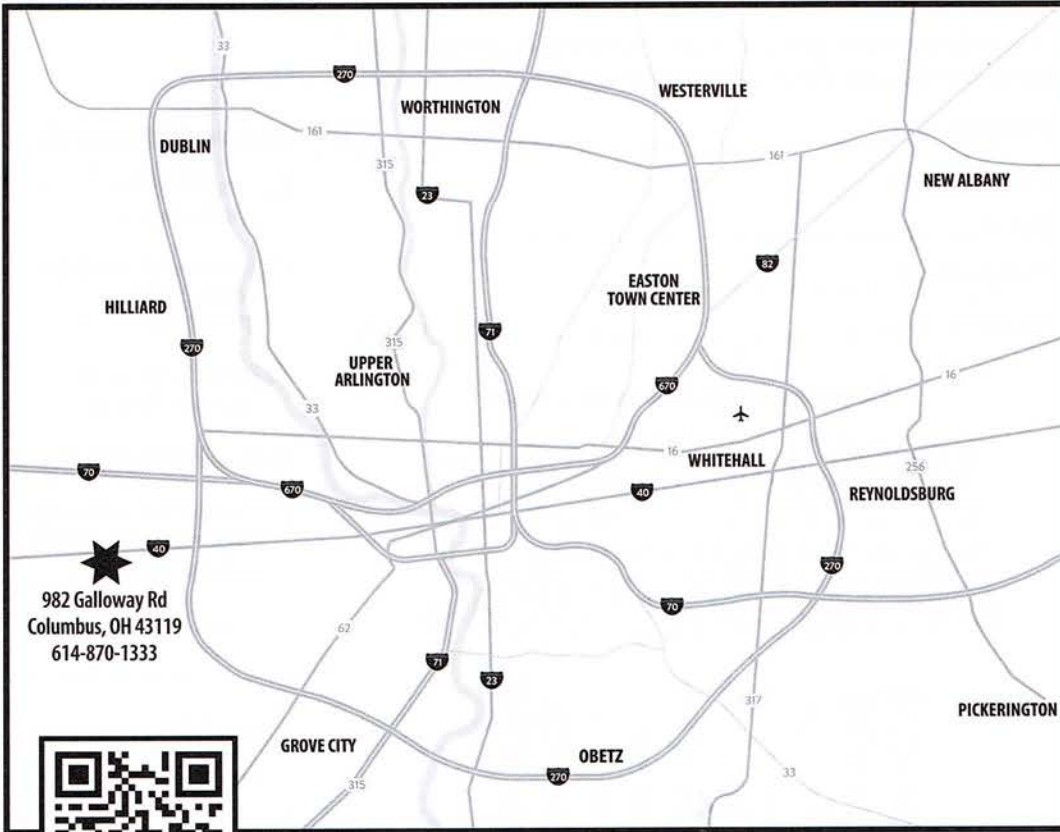
Doctor's email _____ Today's date _____

Please fax this form to: 614-870-0333
See reverse side for additional information and a map to our office.

BE SURE TO BRING YOUR
MEDICAL AND DENTAL
INSURANCE CARDS AND
DRIVER'S LICENSE.

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**PRAIRIE
KIDS
DENTAL**



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Columbus, OH 43119
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Please scan the QR code to be directed to our website for
additional information and directions to Prairie Kids Dental

Prairie Kids Dental accepts most major insurances



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