



Doctor Referral

Valerie Peckosh, DMD
Dr. Kayla Risma, DDS

Date _____

I'd like to introduce _____.

For an appointment on _____ at _____.

- Referred for limited, problem focused treatment
- Referred for comprehensive treatment

Referring Office: _____

Has patient ever had treatment provided? YES NO

Was local anesthetic used? YES NO

If yes, what type _____

Has patient ever had Nitrous Oxide? YES NO

Any X-Rays taken? YES NO

If yes, what & when: _____

Patient's Behavior _____

Comments: _____

Directions to our office:

From Hwy 20, take the JFK Rd. Exit – heading north.

Make a Left at the Richardson car dealership onto Stoneman Road.

Our office is on the Right just past Tandem Tire.

Referred by: _____