



Irving  
8870 N. MacArthur Blvd. #A-101  
Irving, TX 75063

Coppell  
120 S. Denton Tap Rd. Ste 230  
Coppell, TX, 75019

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referring Office: \_\_\_\_\_ Phone: \_\_\_\_\_

X-Rays Taken? NO YES *Please email x-rays with date of service to [info@childrensdentaldfw.com](mailto:info@childrensdentaldfw.com).*

Reason for Referral:

**Minimally Invasive Therapies**

- ☐ Icon treatment
- ☐ Laser Bacterial Reduction
- ☐ Silver Diamine Fluoride
- ☐ Advanced Biofilm Reduction Therapy

**Waterlase Adjunct Services**

- ☐ Gingivectomy,  
operculectomy for tooth  
access
- ☐ Frenectomy
- ☐ Mucocele removal
- ☐ Non-surgical tooth  
exposure

**Dental Care**

- ☐ Infant oral exam
- ☐ Restorative treatment with  
sedation (n20, oral  
conscious, deep)

Additional Notes:

**Thank you for the privilege of working with your patients!**

Please visit our website under "Referring Doctors" if you need additional pediatric referral forms  
or email us to request more forms.

Childrensdentaldfw.com  
P: 214-484-3199

Email: [info@childrensdentaldfw.com](mailto:info@childrensdentaldfw.com)  
F: 214-484-3218