Referral Card

BERNSTEIN ORTHODONTIC GROUP
WILD 4 SMILES

Patient Prefers:

Santa Rosa	Windsor	Petaluma
☐ 2245 Montgomery Dr, (707) 575-0600	☐ 8741 Brooks Rd. (707) 836-8360	☐ 3835 Cypress Dr. #210 (707) 559-2166

Introducing _____ Age _____

Parent/Responsible Party _____

Phone _____ Alt. Phone _____

Please Fill Out Completely:

Last Cleaning Date: _____ Cleaning Cycle: _____

Pending Treatment: Yes ☐ No ☐

Pending Treatment Scheduled for: _____

If so, explain treatment: _____

☐ Consultation with DDS required prior to orthodontic treatment

Specific Concerns: _____

_____

_____

Referred by: _____ Date: _____

Dentist Name: _____

We appreciate your concern for your patient's orthodontic needs, by referral to our practice. Please return this referral by prepaid mail or fax.

Top Color: Patient Copy White: Dentist Copy Manilla: Orthodontist Copy

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