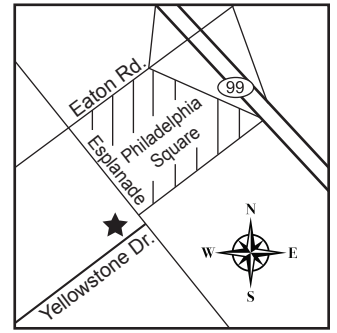




Yellowstone Family Dentistry  
110 Yellowstone Drive, Suite 100  
Chico, CA 95973  
Phone: (530) 895-3449 Fax: (530) 895-9168  
dentistinchico.com  
yfd@yfdentistry.com



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

## Patient Information

Patient's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female \_\_\_\_\_

## Responsible Party Information

Name: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Dental Insurance Information

Private  Medical \_\_\_\_\_

Other/Medical ID#: \_\_\_\_\_

## Referring Facility Info

Referred By: \_\_\_\_\_ County: \_\_\_\_\_

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

### REFERRED FOR GENERAL ANESTHESIA DUE TO THE FOLLOWING:

- Use of local anesthesia to control pain failed or was not feasible based on medical needs of patient
- Use of conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient
- Use of effective communicative techniques and the inability and the inability of immobilization (Patient may be dangerous to self or staff) failed or was feasible based on the medical needs of the patient
- Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation
- Patient has acute situational anxiety due to immature cognitive functioning
- Patient is uncooperative due to certain physical or mental compromising conditions
- Other: \_\_\_\_\_

NOTE: Your child will be put on a waiting list and contacted by Yellowstone Family Dentistry to schedule an appointment. Please be patient in the process of getting a scheduled appointment. We highly recommend you do not miss your appointment. Please contact your primary care provider if your child has pain while waiting to get into Yellowstone Family Dentistry.

Thank you for your cooperation.

Please fax or email a copy referral to our office.  
All patients will be returned to primary care provider once services are rendered.