



**Children's Dental Surgery Center**

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**Central CA Dental Surgery Center**

3605 Hospital Rd. Suite H  
Atwater, CA 95301  
Phone: 209-381-2047  
Fax: 209-381-2045

Referred by: \_\_\_\_\_

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

Referral Address: \_\_\_\_\_

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

Referral Phone: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Insurance Name and ID #: \_\_\_\_\_

**MANAGEMENT METHODS ATTEMPTED**

**BRIEF MEDICAL / DENTAL HISTORY (attach a problem list if necessary)**

- Show-Tell-Do Method
- Nitrous Oxide
- Oral Sedation
- Local Anesthetic
- Other: \_\_\_\_\_

\_\_\_\_\_

**PROPOSED TX PLAN:** \_\_\_\_\_

\_\_\_\_\_

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

(Check all that apply. Must be either 1 AND 2 or any one of the remainder)

- 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

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- Use of effective communicative techniques and the inability and the inability for immobilization (Patient may be dangerous to self or staff) failed or was not 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: \_\_\_\_\_

**OUTCOME OF ATTEMPTED TREATMENT THAT SUPPORTS ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_

**Provider Attestation: Based on my clinical knowledge and expertise I am referring this patient to have dental treatment under General Anesthesia.**

**Referring Doctors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_