



2538 Centerville Turnpike South
 Chesapeake, VA 23322
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Dr. Wesley Kandare, D.D.S.

PATIENT REFERRAL

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Date: _____ Referring Doctor: _____ Phone: _____

Introducing: _____ Patient Phone: _____

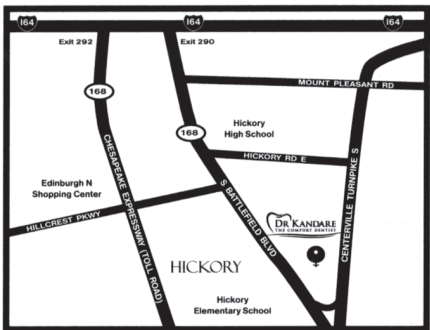
Treatment options – Comprehensive Sedation Dentistry For:

- Perio Fillings Root Canal Extraction Crown Comprehensive TX
- Implant & Crown Implant Only Tooth # _____

This patient is being referred for sedation dentistry due to the following symptoms:

- Dental Anxiety Fear of Needles Difficulty Attaining Numbness
- Complex Dental Needs Strong Gag Reflex Highly Sensitive Teeth
- Previous Negative Dental Experience Needs Lengthy Appointment
- Other: _____

Comments: _____



Please list any remarkable medical conditions below:

I have sent radiographs for your evaluation:

- FMX PANO BWS SINGLE IMAGE(S)



Monday
10am-7pm

Tuesday-Thursday
9am-5pm

Friday
Closed

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