Referring doctors please send Referral Form and any X-Rays taken to:

smile@smilesforchildren.com

Fax: 608-756-0479

Jaclyn Martin, D.D.S., M.S.

2726 Woodlane Drive
Janesville, WI 53545
Ph: (608) 756-3149
Fax: (608) 756-0479
www.smilesforchildren.com

Date:_____

Introducing:_____D.O.B._____

Parent/Gaurdian_____Phone:_____

Please mark services you performed:

- ❑ Prophylaxis Date:____/____/_____
- ❑ Fluoride
- ❑ Exam
- ❑ Bitewing Xrays
- ❑ Panorex
- ❑ Periapical Xray
  - * Please email any X-rays taken to: smile@smilesforchildren.com
- ❑ Treatment was/was not attempted

Reason for Referral:

- ❑ Examination and Treatment
- ❑ Routine Care and Recall
- ❑ Behavior Control Problems
- ❑ Extensive Restorative Needs
- ❑ Complex Medical Profile
- ❑ Need for Hospital Care
- ❑ Other_____

_____

_____

Remarks

_____

_____

_____

_____

_____

Dr. Signature: _____

Doctor's Name Printed: _____

Office Name: _____

❑ Please send more referral forms

D63

Thank You!