



Sudbury Town Square | 29 Hudson Road, Suite 3220, Sudbury, MA 01776  
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**Pediatric Patient Referral to:**

**Liliana Gomez-Infante DMD, CAGS**

*Pediatric Dentistry*

**Patient:** \_\_\_\_\_

**Referral by Dr.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**For consideration of the following:**

- Initial Visit
- Regular Visit
- Dental Caries
- Emergency
- Other \_\_\_\_\_
- Extraction
- Space Maintainer
- Oral Habit Appliance
- Pathology
- Treatment Under N<sub>2</sub>O
- Treatment Under General Anesthesia in the O.R.

			A	B	C	D	E		F	G	H	I	J				
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	
			T	S	R	Q	P		0	N	M	L	K				

**Radiographs:**

- With Patient
- No X-rays
- Mailed on: \_\_\_\_\_
- E-mailed on: \_\_\_\_\_

**Comments:** \_\_\_\_\_

- Please bring this referral form with you to your first appointment.
- All patients under 18 should be accompanied by an adult.
- If unable to keep your appointment, please notify the office as soon as possible.