

Since 1992
Children & Adult Dentistry

Scott C. Schwartz, DDS (Pediatric and Adult Dentistry)

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Pediatric and Adult Referral Form

Patient's Name: _____

Date: _____

Patient's Phone No. _____

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

Consultation _____

Emergency Care _____

Sedation _____

Hospital Dentistry _____

Our Office:

- Will send recent BWs
- Will send a recent Pano
- Would like your office to take the necessary x-rays

Date of last Prophylaxis: _____

Comments: _____

Referring Doctor's name: _____ D.D.S. / M.D.

Phone: _____

Your first appointment will consist of an initial examination, cleaning and radiographic evaluation unless otherwise specified.

Please Bring to Your First Appointment

1. X rays from the referring dentist, if given to you.
2. X rays must be of diagnostic quality or new x rays will be taken.
3. A list of your medications and other health information.
4. Any dental/medical insurance, including your insurance card.

If you need "PREMEDICATION", due to health problems such as a heart murmur, artificial joints, mitral valve prolapse, shunt or any other medical reasons, please call our office or your physician to confirm if premedication necessary.