

Pediatric Dental Group



of Colorado

Arvada 303.421.5437 • Fax: 303.422.5300

Evergreen 303.670.7070 • Fax: 303.670.7071

Greeley 970.330.4600 • Fax: 970.330.4612

Lafayette 720.890.9494 • Fax: 720.890.1444

Lakewood 303.984.9700 • Fax: 303.985.2490

Summit County 970.668.8668 • Fax: 970.668.8689

Wheat Ridge 303.467.8888 • Fax: 303.467.8801

Board Certified Pediatric Dentist

Malcolm Strange DDS, MSD

David Strange DDS, MS

Courtney College DDS, MS

Justin Cathers DDS, MS

Board Certified Orthodontist

Paul Regan DDS

Craig Shellhart DDS

Thank you for referring to the
Pediatric Dental Group of Colorado.

Visit us on the web at:
www.PediatricDentalGroupCo.com

Date: ____/____/____

We are referring _____ (patient's name or names)

Previous dental treatment included: (Please check all that apply, explain if needed)

- No Treatment _____
- Dental Exam _____
- Dental X-Rays _____
- Dental Prophylaxis _____
- Dental Restorations _____
- Other _____

We are referring to the Pediatric Dental Group of Colorado for the following reason(s):
(Please check all that apply, explain if needed)

- Possible Dental Restorations _____
- Possible Dental Extractions _____
- Possible Patient Management _____
- Possible General Anesthesia for Patient Treatment _____
- Other _____

Patient(s) referred by Dr. _____

Referring doctor / office phone # _____