

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



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

Date: ____/____/____

Dear Doctors at Pediatric Dental Group of Colorado,

We are referring _____ (patient's name or names) to your office for dental examination / oral health evaluation. Our mutual patient's dental needs may include one or more of the following: (please check what applies and explain if needed)

- Routine Dental Care / Establish Dental Home
- Dental Caries Present
- Management of Dental Trauma
- Management of Dental Pain / Infection
- Early Childhood Caries
- Evaluation of Ankyloglossia (tongue tie)
- Neo-Natal Teeth / Rega-Fede
- Other _____

Explanation: _____

Patient(s) referred by Dr. _____ Referring doctor / office phone # _____

Thank you for referring to the Pediatric Dental Group of Colorado. Visit us on the web at www.PediatricDentalGroupCo.com