



BRENT R. KVITTEM, D.D.S., M.S.  
 AMY J. KEBRIAIEI, D.D.S., M.P.H.  
 MATT C. HUSMAN, D.M.D.  
 ANN M. ZEYER, D.D.S., M.S.  
 MACKENSIE J. McBEAIN, D.D.S.  
 SYDNEY G. FRENTZ, D.D.S.

[www.childrensdentalc.com](http://www.childrensdentalc.com)

7629 EGAN DR.  
 SAVAGE, MN 55378  
 PHONE: (952) 440-5100  
 FAX: (952) 440-5140  
[savage@childrensdentalc.com](mailto:savage@childrensdentalc.com)

17677 CEDAR AVE.  
 LAKEVILLE, MN 55044  
 PHONE: (952) 997-7100  
 FAX: (952) 997-2017  
[lakeville@childrensdentalc.com](mailto:lakeville@childrensdentalc.com)

3410 151ST STREET W.  
 ROSEMOUNT, MN 55068  
 PHONE: (651) 322-5788  
 FAX: (651) 322-4257  
[rosemount@childrensdentalc.com](mailto:rosemount@childrensdentalc.com)

Introducing \_\_\_\_\_

Referred By Dr. \_\_\_\_\_ Date \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone # \_\_\_\_\_

For:

- Extraction/Surgical Removal
- Restoration: Tooth# \_\_\_\_\_
- New Patient Exam
- Orthodontic Consultation
- Other
- Please take new x-rays



Right



Left



**PLEASE EMAIL CURRENT X-RAYS**

**Additional Instructions:**

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Please send \_\_\_\_\_ referral pads

## Instructions To Patient

If you have x-rays, please arrange to have them sent or bring them with you to your appointment.

If you have any questions regarding the above information please call 952-997-7100 (Lakeville), 651-322-5788 (Rosemount) or 952-440-5100 (Savage). If unable to keep this appointment, kindly give us a 24 hour notice.

