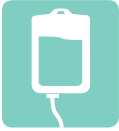

Adult Dental Care Under IV Sedation & General Anesthesia

Jason Tanguay, DDS

dental studio

Patient Info:

Patient Name ____________________ Date ____________________

Guardian / POA (if applicable) ____________________ Patient Birthdate ____________________

Phone (primary) ____________________ Referring Provider ____________________

Phone (alternate) ____________________ Provider Contact # or Email ____________________

Referred for:

- ☐ IV Sedation
- ☐ General Anesthesia
- ☐ Please Evaluate

Dental findings / Preliminary treatment plan (if known):

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Pertinent medical history or other comments:

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☐ Dental Providers: Please check here if you are able to email any recent radiographs and send to: info@refreshingdentistry.com

Thank you for your referral!

406-586-5880 (ph) 406-586-5881 (fax) 105 E Oak Street, Suite 2a. Bozeman MT 59715 www.refreshingdentistry.com