



PEDIATRIC DENTISTRY

Laila B. Hishaw, DDS
Priya Y. Abramian, DDS
Board Certified Pediatric Dentists
www.TucsonSmilesaz.com

Introducing _____ Date _____

Reason(s) for Referral

- Restorative Care
- Extraction
- Needs Sedation

Radiographs

- Will be sent
- Will accompany patient
- Are needed

Comments:

Referring Doctor: _____

- Please continue to see this patient for recalls at Tucson Smiles Pediatric Dentistry.
- Once treatment has been completed, please have patient return to our office.

- 8265 S. Houghton Rd, Ste 131, Tucson, AZ 85747
t: 520-664-9000 | f: 520-664-2090
(Southeast)

- 2810 N. Swan Road, Ste 140, Tucson, AZ 85712
t: 520-881-2966 | f: 520-881-1341
(Central)