



7777 Hennessy Blvd, Suite #312, Baton Rouge, LA 70808  
Phone: 225-765-0100 FAX: 225-765-0102

To: Lynda Harhad, DDS, FAGD, GPR Program Director

\*\*\*For questions about whether the patient was scheduled please call the front desk. No emails please.

From: Dr. \_\_\_\_\_ Contact info (ph#/email): \_\_\_\_\_

### Patient Information

Patient: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Reason for Referral

\_\_\_\_\_ Consultation/Acute care: (We do not accept limited endo)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Comprehensive Treatment: (We address all of patient's needs, specify if problem area)

\_\_\_\_\_  
\_\_\_\_\_

Relevant History: (dental, medical, behavioral, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_