



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: _____

Sign, Date and fax to 225-765-0102