LSU Health NEW ORLEANS

School of Dentistry
Department of Pediatric Dentistry

Pediatric Dental Clinic

1100 Florida Ave, New Orleans, LA 70119

Appointments: (504) 941-8201 ages (0-18)

We are referring:

Patient: _____ Parent/Guardian _____
Birthdate: _____ Home Phone: _____
Address: _____ Mobile Phone: _____
_____
Special Health Care Needs: _____ Insurance: Medicaid____ Private:_____Selfpay:_____
_____

X-Rays Taken:

☐ Yes ☐ No

If yes please send to: Johari Neason or Email pediatricdent@lsuhsc.edu
Box # 19
1100 Florida Ave.
New Orleans, LA 70119

Reason For Referral:

☐ Behavior Management
☐ Crowns
☐ Fillings/Operative
☐ Consultation for: Oral Conscious Sedation_____ Hospital_____
☐ Extractions
☐ Pulp Therapy

Other: _____
_____
_____
_____

Referring Doctor: _____