LSU Health Sciences Center

SCHOOL OF DENTISTRY

Pediatric Dental Clinic

1100 Florida Ave, New Orleans, LA 70119

Appointments: (504) 941-8201 (ages 0-6) – (504) 941-8196 (ages 7-20)

We are referring:

Patient:	_____	Parent/Guardian	_____
Birthdate:	_____	Home Phone:	_____
Address:	_____	Mobile Phone:	_____

Special Health
Care Needs: _____

X-Rays Taken:

☐ Yes   ☐ No

If yes please send to: Christina Hall   or Email @ chall1@lsuhsc.edu
Box # 139
1100 Florida Ave.
New Orleans, LA 70119

Reason For Referral:

☐ Behavior Management   ☐ Consultation for: _____
☐ Crowns   ☐ Extractions
☐ Fillings/Operative   ☐ Pulp Therapy

Other: _____

_____

_____

_____

Referring Doctor: _____

Please fax to 504-941-8200, Attention Christina Hall