



Health Sciences Center  
SCHOOL OF DENTISTRY

**Special Children's Dental Clinic at Children's Hospital**

**200 Henry Clay, New Orleans, LA 70118**

**Appointments: (504) 896-1337**

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: Rona Bradford or Email @ [rbrad2@lsuhsc.edu](mailto:rbrad2@lsuhsc.edu)  
Special Children's Dental Clinic  
200 Henry Clay  
New Orleans, LA 70118

Reason For Referral:

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

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor: \_\_\_\_\_

**Please fax to 504-896-1418, Attention Rona Bradford**

