Bethesda
SEDATION AND IMPLANT DENTISTRY

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Introducing: _____

Referred by: _____

Note: _____

_____

Reasons for Referral:

- ☐ Dental Phobic
- ☐ Needle Phobic
- ☐ Gag Refllex
- ☐ Noise Phobic
- ☐ Difficult Anesthesia
- ☐ Special Needs
- ☐ Patient Will Explain

Office hours and directions available at:
www.BethesdaSedationDentistry.com