



Madison Pediatric Dental & Orthodontics

Dr. Douglas Wilson ~ Dr. Thomas Wenham ~ Dr. Grace Wenham ~ Dr. Beth Blair

Referred by: _____

Date: _____

Doctor referred to: (circle one)

Pediatric Dentistry: Dr. Douglas Wilson
Dr. Grace Wenham
Dr. Beth Blair

Orthodontics: Dr. Thomas Wenham

We are referring:

Patient Name _____

DOB _____

Parent/Guardian Name _____

Phone # _____

Reason for Referral

Consultation / Evaluation

Treatment (as requested) _____

Relevant History

X-rays Bitewings PA Pan Ceph Mailing x-rays Emailing X-rays
(Please circle all that apply)

Last prophy _____

Medical conditions relevant _____

Previous attempts to provide treatment _____

Please call parent/guardian

Parent/guardian will call for an appointment

Please notify us upon completion of treatment

Please send more referral pads

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