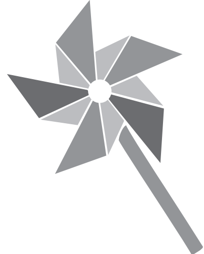
THE CHILDREN'S DENTAL SURGERY CENTER



136 S. Aspen Court, Suite B - Visalia, CA 93291
Phone 559-625-9300 - FAX 559-625-9330
www.tcdsc.com

Ellie Zuiderveld, DDS & Associates

Referring Office:

Phone:

Date of Call ________________________________

Date & Time of Appointment ____________________

Person You Spoke With ________________________

Patient Name: ________________________ DOB: __________

Parent Name: ________________________________

Phone 1: ____________________ Phone 2: ____________________

Reason For Referral (Please check all that apply):

☐ Severity of Decay ☐ Young Age/Precooperative ☐ Abscess/Facial Cellulitis

☐ Special Needs ☐ Anxious/Phobic ☐ Attempted Treatment - Uncooperative

Date of Last Prophylaxis: ____________ Radiographs Taken: ☐ Yes ☐ No

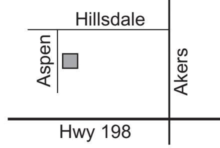
Please Circle Approximate Number of Cavities: 2 4 6 8 or more

Prescription Given: Antibiotic: ☐ Yes ☐ No Pain Medication: ☐ Yes ☐ No

Please email Treatment Plan & X-Rays (if available) to referrals@tcdsc.com

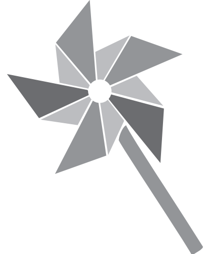
*** Child must be accompanied by a biological parent or a legal guardian.**

DIRECTIONS: (From HWY 198)
North on Akers
Left on Hillsdale
Left on Aspen Court



DIRECCION: (Del 198)
Norte en la calle Akers
Izquierda en la calle Hillsdale
Izquierda en la calle Aspen

THE CHILDREN'S DENTAL SURGERY CENTER



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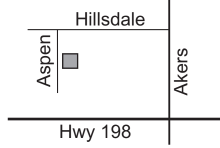

DIRECCION: (Del 198)
Norte en la calle Akers
Izquierda en la calle Hillsdale
Izquierda en la calle Aspen