



RAYMOND
DENTAL GROUP
FAMILY DENTISTRY & SEDATION CARE

*Your Comfort.
Your Smile.
Our Priority.*

Dr. Katherine I. Raymond | Dr. Nathan Minter | Dr. Steven Fitz

PATIENT NAME:

REFERRED BY:

DATE:

Reason for Referral:

- | | |
|---|--|
| <input type="radio"/> Gag Reflex | <input type="radio"/> One Visit Dentistry |
| <input type="radio"/> Dental Phobic | <input type="radio"/> Sensitive Teeth |
| <input type="radio"/> Needle Phobic | <input type="radio"/> Sleep Apnea |
| <input type="radio"/> Noise Phobic | <input type="radio"/> Patient Will Explain |
| <input type="radio"/> Previous Bad Experience | _____ |
| <input type="radio"/> Difficult Anesthesia | _____ |
| | _____ |

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