



growing smiles
 WHERE HEALTHY SMILES BEGIN
 Dr. Carisse Corns, Pediatric Dentist

Growing Smiles Pediatric Dentistry

Please provide all of the information below and fax/
 email this form to:

Phone: (219)286-6148 | Fax : (219) 286-6149

Email: office@growingsmilesvalpo.com

Referring Practice/Provider:

Practice Name: _____

Provider/Doctor Name: _____

Phone: _____ Email: _____

Patient Information:

Patient's name: _____ DOB: _____ Gender: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Insurance Plan/Provider: _____

Reason(s) for referral (check all that apply):

- Pain
- Trauma
- Special Needs
- Rampant Caries
- Behavior/Age
- Extractions
- Pathology
- Sedation
- General Anesthesia
- Other _____

X-Rays: Available/Enclosed Sent with patient Needed

