



Briar Pointe Dentistry

Sedation dentistry since 1985

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Sedation Referral Form



Remarks:

Patient's Name: _____

Referred By: _____

Date: _____

Please bring this referral form with you to your appointment.

Please email any x-rays or treatment plans
to info@drblavin.com

☐ Send more referral books

info@drblavin.com

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