Dr. Avni C. Rampersaud & Dr. Setu Shah

Diplomates, American Board of Pediatric Dentistry

Date: _____

Patient's Name: _____ Age: _____

Parent or Guardian: _____

Contact Number(s): _____

Reason for Referral: _____

Available Radiographs & Date Taken:

- PANO: _____
- BW's: _____
- PA's: _____

Referring Doctor: _____

Phone Number: _____

Email: _____

Please email this referral to our office. We will gladly contact the family to schedule an appointment.

205 Sage Road, Suite #202 ▪ Chapel Hill, NC 27514
Ph: 919-929-0489 ▪ Fax: 919-933-3631
Email: chdds@bigsmiles4kids.com