

The Dental  
Specialists **PEDIATRIC**  
**DENTISTRY**

INTRODUCING:

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Todays Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone \_\_\_\_\_

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I AM REFERRING my patient to you for the following reason(s):

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Appointment Date

M T W Th F

Time

**Xu Han, DDS, MS**

40 Nicollet Blvd W, Burnsville, MN 55337

1515 St. Francis Ave, Suite 145, Shakopee, MN 55379

**952.926.1065**

[www.kidsteethtds.com](http://www.kidsteethtds.com)

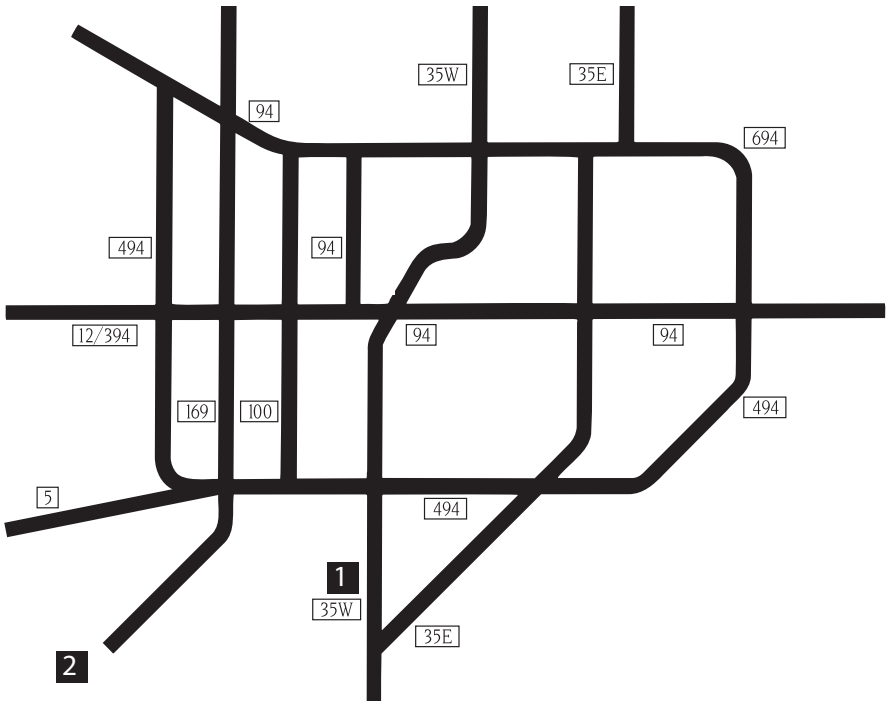
REFERRING DOCTOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please write or stamp address and contact information, including telephone number.*



## Two Convenient Locations:

- 1.) 40 Nicollet Blvd W, Burnsville, MN 55337
- 2.) 1515 St. Francis Ave, Suite 145, Shakopee, MN 55379

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