



INDIA HOOK

D E N T A L C A R E

Jennifer Houck, DDS | Lauren Smith, DDS | Heather Johnson, DDS
www.indiahookdental.com

Introducing _____ Date _____

Referred By _____ Phone _____

Reason for Referral

- Check-up (see a dentist within 6 months)
- Suspected cavity or decay (see a dentist within next month)
- Pain, swelling, or bleeding (see a dentist immediately)

Remarks _____

X-Rays available? Yes No
Perio Charting available? Yes No

Notes for referring providers: please *email* a copy of this completed referral and any available x-rays, charting, or information to records@indiahookdental.com. *Thank you for trusting us with your referral!*

Notes for referred patients: please *call or text* our office at **803.324.7640** and we'll be glad to take care of you!