



**DR. BRITTANY ADAMIAK, D.D.S.**  
*Board Certified Pediatric Dentist*

 **PATIENT NAME** \_\_\_\_\_

 **REFERRING DOCTOR** \_\_\_\_\_

 **REASON FOR REFERRAL**

- Routine Dental Visit
- Decay
- Sedation/Anesthesia
- Trauma
- Lip/Tongue Tie
- Other

 **RADIOGRAPHS**

- None Available
- Emailed to [hello@greenhillskids.com](mailto:hello@greenhillskids.com)

 **ADDITIONAL COMMENTS**

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3990 HILLSBORO PIKE, STE #360 | NASHVILLE, TN 37215

**WWW.GREENHILLSPEDIATRICDENTISTRY.COM**

OFFICE: 615.610.2563  FAX: 615.942.5739