



REDLANDS DENTAL SURGERY CENTER

RUSSELL SEHEULT, DDS & STUART SEHEULT, DDS
Board Certified Dental Anesthesiologists

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www.redlandsdentalsurgerycenter.com

Patient's Name: _____

Referring Dentist: _____

Reason General Anesthesia is required:

- Uncooperative Patient Intellectual Deficit
 Developmental Delay Other _____

Treatment requested:

- Diagnosis & Comprehensive Dental Treatment
 Specific Procedure (*please include radiographs*)

Other

