



BRETT NOORDA, DMD, FAGD, MACSD

MASTER IN THE COLLEGE OF SEDATION IN DENTISTRY

I.V. & ORAL SEDATION DENTISTRY

(702) 456-7403

www.NoordaSmiles.com

66 N Pecos Road, Suite B Henderson, NV 89074

Patient: _____ Phone : (____) _____

Referred by Dr. _____

- Please call patient for appointment
- Patient will call for appointment

Appointment Date: _____ Day: _____ Time: _____ am/pm

- Patient is being referred for all care and will not return to our office
- Patient is being referred for the limited care, and will return to us

Treatment to be completed under sedation: (please check all that apply)

- FREE Sedation Consultation
- Complete Exam and All Needed Treatment
- Root Canal # _____ Complete Core with RCT
- Extraction(s) # _____ Implants: # _____
- Fillings # _____ Crowns # _____ Bridge # _____
- Root Plane & Scaling: FM UR LR UL LL Other _____

REMARKS: _____

