



SOUTHEAST
PEDIATRIC DENTISTRY

Introducing _____

Date of Birth _____

Parent / Guardian _____

(please circle one)

Phone _____

State Medicaid/
Private Insurance _____

Referring Dentist _____

Phone _____

Reason for Referral _____

Hospital or Office Referral _____

(please circle one)

Current Radiographs _____

Additional Information _____

Kristi Linsenmayer
DDS • MPH • MSD

21 Jefferson Way, Suite 102
Ketchikan, Alaska 99901
T 907-220-9231 F 907-220-9195
southeastpediatricdentistry.com

Office: Please email
x-rays & referral to
southeastkids@gmail.com
or fax to 907-220-9195