



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