



Montgomery & Conroe  
Comprehensive Dental Centers  
Dr. Timothy E. Gardner & Associates

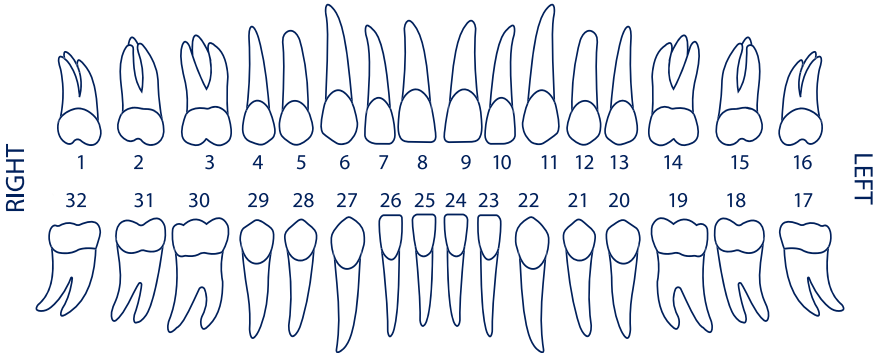
# REFERRAL FOR IV SEDATION

Patient's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

IV Sedation       Comprehensive Care

Emergency Services / Limited Care



Referring Doctor & Phone #: \_\_\_\_\_

Description of Treatment:

Other: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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