



DURHAM
PEDIATRIC
DENTISTRY &
ORTHODONTICS

JOHN R. CHRISTENSEN & ASSOCIATES
*Specializing in Dentistry & Orthodontics for
Children, Teens & Patients with special needs*

Patient's Name: _____ Date: _____

I am referring this patient for:

PEDIATRIC DENTISTRY

ORTHODONTICS

Additional Information: _____

Radiographs will be sent. Please email digital radiographs to info@DurhamPDO.com

Referred by: _____ Phone: _____

For additional information, please visit our website at:

www.DurhamPDO.com

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