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Diplomate, American Board of Prosthodontics.
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BUCKS DENTAL HEALTH AND ESTHETICS, LLC

Integrity Responsibility Reliability Excellence

We _____ (name of the doctor or office) **are referring:** Patient:
_____ Birthdate: _____

Address: _____
Telephone: _____ Parent/Guardian: _____

To the following doctor

- ☐ Hai Qing, DMD, Ph.D., FACP *Diplomate, American Board of Prosthodontics*
- ☐ Maobin Yang, DMD, Ph.D. *Diplomate, American Board of Endodontics*
- ☐ Chizobam Idahosa, DDS, MS. *Board Certified Oral Medicine Specialist*

REASON FOR REFERRAL:

TREATMENT (as requested):

(If needed, please provide with appropriate details of problem; i.e. urgency, areas of concern.)

Please provide Xrays or other records to the patient or us at bucksdentalhealth@gmail.com

Please let Dr. Qing know if you need any of the following

- ☐ Request call to discussing plan before treatment
- ☐ Request full specialty treatment records before sending patients back to your office

Dedicated to life-long oral health, esthetics, and general wellbeing