



Referral Form

Providence Specialty Pediatric Dental Clinic

Phone: 503-215-1056 **FAX:** 503-215-1059

Email: ORPediatricDentalClinic@providence.org

Providence Child Center

830 NE 47th Ave., Portland, OR 97213

Providing care for children with special health care needs

Patient: _____ DOB: _____

Medical history: _____

Parent/Contact: _____ Phone: _____

Dental/Medical insurance information: _____

Referred by: _____ Referral date: _____

Office contact: _____ Phone: _____

Reason for referral/area(s) of concern: _____

☐ Radiographs taken? (If so, please send via secure email with referral to **ORPediatricDentalClinic@providence.org**)

☐ Referral for long term care ☐ Referral for treatment only

Please secure email a copy of the referral and send patient chart information, including oral and medical health history, etc.

See reverse for directions.

Providence Specialty Pediatric Dental Clinic

Email: orpeditricdentalclinic@providence.org

For appointments, please call 503-215-1056.

Directions

Providence Specialty Pediatric Dental Clinic is on the second floor of the Providence Child Center. Free parking is available.

Eastbound I-84:

Take Exit 2 (Northeast Cesar E. Chavez Boulevard, formerly 39th Avenue). Turn left, toward Halsey Street. Turn right at the light onto Halsey Street. Turn right at 47th Avenue. Providence Child Center is on the left, just past the highway overpass.

Westbound I-84:

Take Exit 2 (43rd Street). Turn right at the light onto Halsey Street. Drive approximately one block and turn right at 47th Avenue. Providence Child Center is on the left, just past the highway overpass.

ProvidenceOregon.org/pediatricdental

