Dental Health Program

For Children Under 6 Years Old

Mariposa County Health Department
5085 Bullion Street, P. O. Box 5
Mariposa, CA 95338
209-966-3689 or 800-459-4466
Fax 209-966-4929

Referral

Date:		
Referred to: **Mariposa County Health Department**		
Referred By: **Address:** **Phone:**		
Name:	**Age:**	**Date of Birth:**
Address and Directions:		
Phone:	**Message Phone:**	
Spouse or Parent:		
Address:		
Reason for Referral (Diagnosis & Background Information):		
Reply Requested: **Yes** **No**		
I contacted the Dental Hygienist (Burney) to inform her of this referral: **Yes** **No**		
Signed:		

R:\Shared\Dental Program\Forms\Dental Program Referral Form.doc

File Original in Dental Binder