



950 Francis Place • Suite 305 • Clayton, MO 63105
(314) 862-7844 • www.dentalsleepstlouis.com

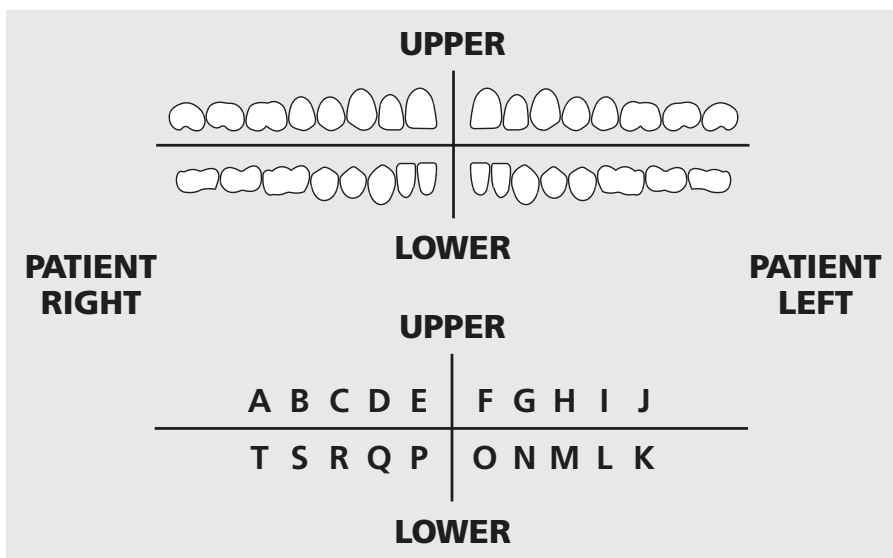
Professional Referral

Date _____

Dr. _____
(Referring Dentist)

would like to refer _____
to The Dental Anesthesia Center for consultation regarding General Anesthesia/Sedation
for the following:

- _____ Pediatric Patient (unable to cooperate)
- _____ Special Needs
- _____ Severe Gag Reflex
- _____ Complications with Local Anesthesia
- _____ Medically Complex
- _____ Severe Dental Anxiety
- _____ Extensive Treatment Plan



☐ Digital radiographs of diagnostic quality are available.

Please email radiographs and treatment requested to secure@dac950.com

Additional Comments _____

Advise your patient or their guardian to call for a pre-operative consultation.

Michael J. Hoffmann, DDS, FADSA
Diplomate American Dental Board of Anesthesiology
After Hour Emergency Only (314) 560-2858

Maris E. Behl, DDS
After Hour Emergency Only (417) 818-0068

Sean M. Thoms, DMD, MS
Diplomate American Dental Board of Anesthesiology
After Hour Emergency Only (314) 448-5972