



Children's Dentistry  
OF VIRGINIA, PC

patient name \_\_\_\_\_ DOB \_\_\_\_\_

reason for  
referral

- first dental visit
- evaluation for sedation/general anesthesia
- tooth decay
- trauma
- other

special concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

referred by Dr. \_\_\_\_\_ date \_\_\_\_\_

referring office phone # \_\_\_\_\_

**we look forward to meeting you!**

John A. Flowers D.D.S., M.S.D.

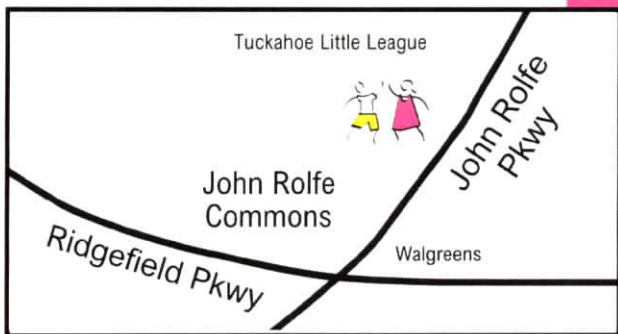
Ashley A. Harman D.D.S.

Michael R. Davis D.D.S., M.S.

Jo K. Cronly, D.D.S., M.S.D., M.S.

Kathryn S. Skarda D.D.S., M.S.D.

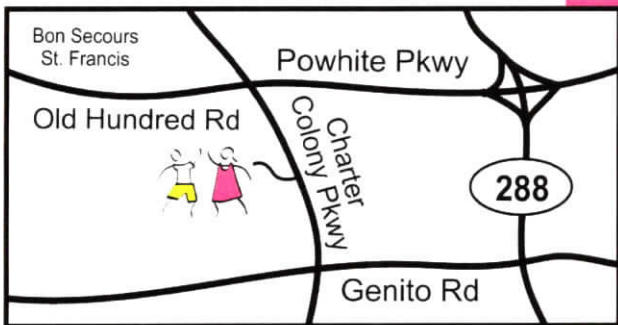
Amanda D. Collie D.D.S., M.S.D.



### Richmond Office

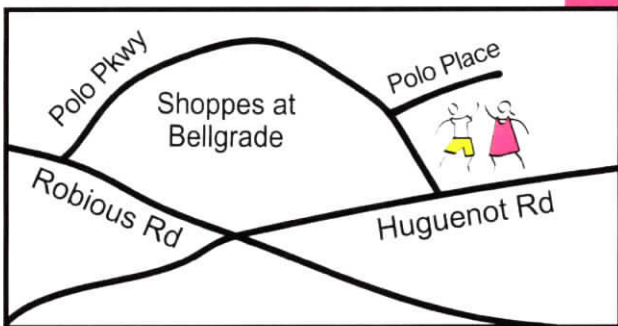
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 Richmond, VA 23233  
 Phone: (804) 741-1400  
 Fax: (804) 741-7700  
 WestEnd@childrensdentistryofva.com

*We will be moving our current West End location to John Rolfe Pkwy in 2024!*



### Brandermill Office

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