

IOWA PEDIATRIC

DENTAL SURGERY

Dr Hans Leonard

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West Des Moines, IA
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Patient: _____ Date of Birth _____

Referred by: _____

Date: _____

Reason for referral: Hospital/Oral Rehabilitation
Special Health Care Needs
Uncooperative for In-Office Treatment

** Surgery/ Treatment provided at Hospital setting ONLY**
Patient will return to referring dentist for regular recalls

Comments:

Located behind Culver's in Jordan Creek Pediatric Dentistry