

Gentle referral for a child's dental care

Subject: Pediatric Referral for [Child's First Name]

Dear Dr. [Last Name],

I am referring my young patient, [Child's Full Name, Age], for pediatric dental evaluation. While I have been providing general care, I believe your pediatric expertise is best suited to address [specific concern, e.g., early childhood cavities, developmental issues, or anxiety management]. The parents are supportive of this referral and want the best possible care for their child. I've included their dental records and X-rays for review.

Thank you for providing compassionate and specialized care.

Warm regards,

[Your Name]

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