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Today's Date: \_\_\_\_\_

Introducing: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Dr.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Prophylaxis \_\_\_\_\_

Date of X-Rays: \_\_\_\_\_ Fluoride \_\_\_\_\_

Findings: \_\_\_\_\_

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

- X-ray mailed separately
- Return x-ray to our office
- Take x-ray, return copy

- Patient will bring x-ray
- Call before proceeding
- Send more referral forms