



# wintergarden

PEDIATRIC SMILES

Lissette R. Bernal, DDS • Dixin Wang, DDS • Alma Correia, DDS

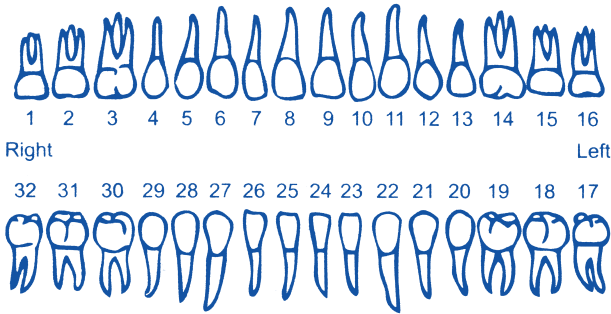
Pediatric Dentists

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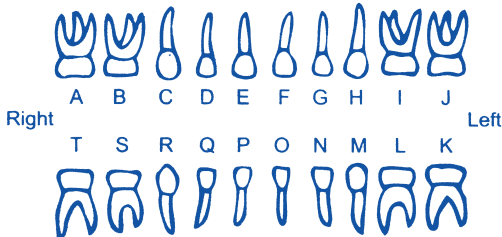
## REFERRAL FORM

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Permanent



### Deciduous



Remarks: \_\_\_\_\_

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

Radiographs included: periapical bitewings occlusal panoramic

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

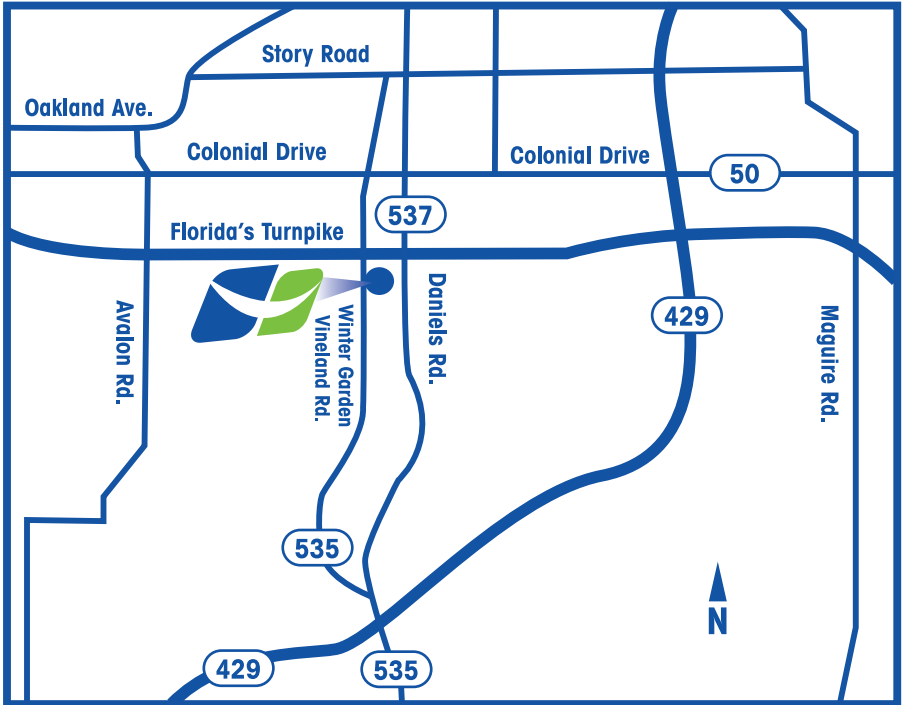
Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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