



Dr. K. & Associates

DENTAL CENTRE

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Dr. Kavita Bal, DDS, BDS

Dr. Laura Won, DMD

REFERRAL FORM

Patient Name _____

Phone Number _____ Patient Email _____

Referring Doctor _____

Clinic Name _____

Phone Number _____ Clinic Email _____

What can we help with?

<input type="checkbox"/> New Patient Exam & Cleaning	<input type="checkbox"/> General Checkup
<input type="checkbox"/> Filling / Restoration	<input type="checkbox"/> Emergency / Urgent visit
<input type="checkbox"/> Whitening / Cosmetic	<input type="checkbox"/> Crown or Bridge
<input type="checkbox"/> Children's dentistry	<input type="checkbox"/> Other (see notes)

Notes

Radiograph's: needs to be recent (3 years or less)

<input type="checkbox"/> Please take one	<input type="checkbox"/> Included with date
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For your convenience you may fax, email or mail this referral. You may also download our fillable PDF form or scan the barcode for online submission.



Doctor's Signature _____ Date _____