



**KIDS DENTAL
CLINIC**

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Referral Slip

www.kidsdentalclinic.com

Date : _____

Please diagnose and treat : _____
Patient Name

My main area of concern is _____

Please email x-rays to info@kidsdentalclinic.com

Referred by Dr. : _____
Phone : _____

We appreciate your confidence and referral.

**Welcome to our office.
Please call so we can arrange a free consultation.
We look forward to meeting you.**