



We specialize in treatment of all kids

Cleanings	Emergency treatment
White Fillings & Crowns	Fluoride
Digital Xray	Laughing Gas
Preventive Care	Tongue Ties/Frenectomy

Patient Referral

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ TEL# _____

Principal Concern:

Initial Evaluation___ Oral Health Exam___ Oral Habit___

Endo___ Frenectomy___ Restorative___ Flouride___ Other___

Images: not Available___

Available___ *email to southcenterkids@dentalmail1.com

Remarks: _____

Referring Doctor: _____ Phone: _____

Clinic Name: _____

Return Patient after TX: yes___ no___

Southcenterchildrensdentistry.com

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