



"Making the world better one smile at a time"

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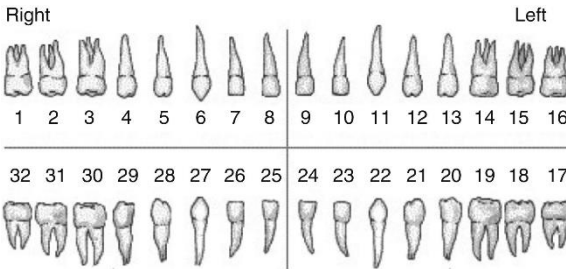
Patient: _____ DOB: ____/____/____

Address: _____

Contact Phone #: _____ Referred by Dr. _____

Current Radiograph: *Please send referral/X-ray if available

- Sent with patient Please take Emailed



Reason for referral: _____

