



Where Happiness Is A Child's Smile



PATIENT REFERRAL

(Please bring this form to your appointment)

We are introducing _____
Referring Doctor _____
Date _____ Telephone # _____

REASON FOR REFERRAL:

- { } Evaluation
- { } Emergency Exam
- { } Dental Treatment
- { } Sedation Treatment
- { } Please call me prior to proceeding with treatment

Concerns: _____

Tooth Club For Kids Bell
602-843-1275
4901 W. Bell Road
Ste. 100
Glendale, AZ 85308

Tooth Club For Kids Phoenix
602-888-7844
3552 W. Glendale Avenue
Ste. B
Phoenix, AZ 85051

Tooth Club For Kids PCH
602-253-6600
1701 E. Thomas Road
Bldg. 2, Ste. 204
Phoenix, AZ 85016