



Mission - We are here to take care of children

Vision - We are recognized as a premier destination for children's oral health in the community

REFERRAL

Date _____

Introducing _____ Phone _____

Referred By Dr _____ Dental Office: _____ Office's phone _____

Procedures Indicated _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			A	B	C	D	E				F	G	H	I	J
			T	S	R	Q	P				O	N	M	L	K

Sedation needed _____ Nitrous _____

General Anesthesia _____

EMAIL US AT: kidsfairwood@comfortdental.biz
(INCLUDING ANY X RAY)

Or FAX (425) 437-8595

This office is owned & operated by an independent Franchisee

14246 SE 176th St, Renton, WA 98058

Phone: (425) 437-8811