



# Waldo Dental Care

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Kansas City, MO 64114

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**Fax:** 816-216-1742

info@WaldoDentalCare.com

[www.WaldoDentalCare.com](http://www.WaldoDentalCare.com)

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

### Instructions/Notes:

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

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

OFFICE E-MAIL: \_\_\_\_\_

**X-Rays (Please check):**  Sent with Referral  Needs to be taken

\*Please upload a copy of this referral form and any relevant x-rays to: <https://www.waldodentalcare.com/referral>