



San Joaquin County's

# Doan & Lee DDS

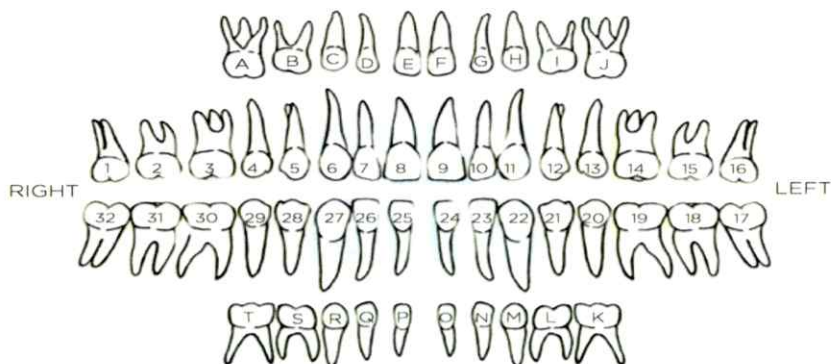
Pediatric Dentistry

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

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

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ X-rays taken: Y/N



Services Needed/ Comments: \_\_\_\_\_

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*Thank you for your referral and for entrusting this patient's dental care to us.*

## Board Certified Pediatric Dentists

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