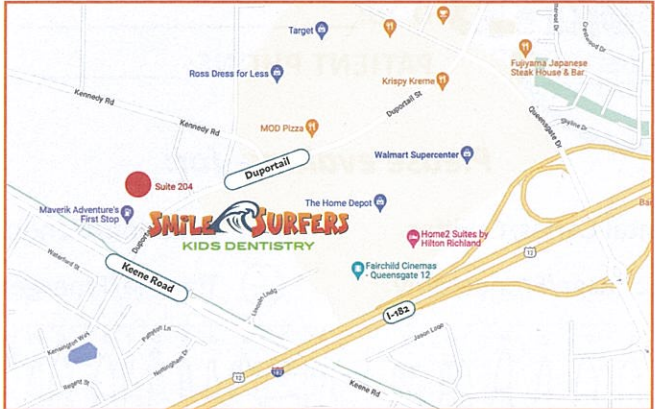


Smile Surfers Kids Dentistry

3200 Duportail Street, Suite 204
 Richland WA 99352
 (509) 946-9999 Fax (509) 946-6492



3911 W 27th Avenue, Suite 105
 Kennewick WA 99337
 (509) 581-4455 Fax (509) 581-6655



Please complete new patient paperwork available online: www.SmileSurfers.com.

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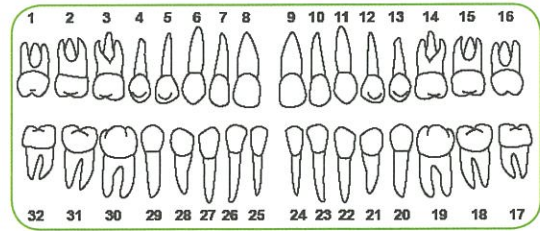
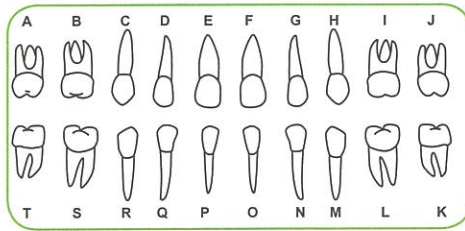
James Collette, DDS • David Hamilton, DDS
 Kirk Morris, DDS • Michael Rees, DMD



DATE: _____
 INTRODUCING: _____
 DOB: _____
 PATIENT PHONE: _____

Please evaluate for:

- Dental Caries/Cavities
- Sedation/General Anesthesia
- CO2 Laser/Frenectomy
- Trauma/Emergency



Radiographs:

- No radiographs taken
- Will send electronically to: info@smilesurfers.com

Remarks: _____

- Please accept patient into your practice
- Please have patient return to our practice for regular recall after completion of treatment

Referred By: Dentist: _____
 Office: _____

