



HAPPY HEALTHY TEETH
pediatric dentistry

• REFERRAL PAD •

from your pad to ours

.....
Date

.....
Patient Name

.....
Date of Birth

.....
Radiographs Taken

.....
Parent/Guardian Name

.....
Parent/Guardian Phone No.

.....
Referring Doctor

.....
Referring Doctor's Phone No.

PLEASE INDICATE REASON FOR REFERRAL

Emergency

Fillings

Extractions

New Patient Exam

Sedation/General
Anesthesia

Pulpal Therapy

Comprehensive Care

Other:

REMARKS

Please email referrals to: customer care@happyhealthyteeth.com

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