Patient Referral

A CHILDRENS DENTIST

JOSHUA L. SAXE DDS

JACOB OZUNA DMD

8710 W. Charleston Blvd. Suite 100 • Las Vegas, NV 89117 (702) 255-0133 • Fax (702) 255-8374

Introducing:		Age:
Referred by Dr.		
Date:	X-Rays Sent:	
☐ Please complete treatment	noted below only.	
☐ Please complete treatment	noted below and follow-up	care.
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UPPER RIGHT	ARREST ARREST	UPPERLEFT

A B C D E F G H I J

LINGUAL

LOWER RIGHT

DESCRIPTION

LOWER RIGHT

DESCRIPTION

LOWER RIGHT

FACIAL

FACIAL

Remarks:

Patient Instructions:

- Please call our office to schedule your appointment 255-0133.
- Bring this slip and any x-rays you may have with you on your appointment.
- If you have dental insurance please inform us when you call.

